Fill	in this information to ident	ify your case:			
Uni	ited States Bankruptcy Court	for the:			
WE	STERN DISTRICT OF MICH	IGAN			
Cas	se number (if known)	Chapter	7		
				☐ Check if this an amended filing	
	ficial Form 201 Dluntary Petiti	on for Non-Individuals Fil	ing for Bankı	ruptcv	04/20
f m kno	ore space is needed, attach wn). For more information,	a separate sheet to this form. On the top of any ad a separate document, <i>Instructions for Bankruptcy</i>	ditional pages, write the	debtor's name and the case no	
1.	Debtor's name	Lidral Orthodontics, PLLC			
2.	All other names debtor used in the last 8 years				
	Include any assumed names, trade names and doing business as names				
3.	Debtor's federal Employer Identification Number (EIN)	82-1234577			
4.	Debtor's address	Principal place of business	Mailing addres business	s, if different from principal pl	ace of
		158 Marcell Dr. N.E. ROCKFORD, MI 49341 Number, Street, City, State & ZIP Code		een Dr. N.E. MI 49341-7797 Der, Street, City, State & ZIP Coo	de
		KENT County		ncipal assets, if different from	
			Number, Street,	, City, State & ZIP Code	
5.	Debtor's website (URL)	lidralorthodontics.com			
6.	Type of debtor	■ Corporation (including Limited Liability Company	(LLC) and Limited Liability	Partnership (LLP))	
		☐ Partnership (excluding LLP)	•		
		☐ Other. Specify:			

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Debt	tor Lidral Orthodontics,	PLLC	Case number (if known)			
	Name					
7.	Describe debtor's business	☐ Health Care Busin	ess (as defined in 11 U.S.C. § 101(27A))			
			Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))			
		☐ Railroad (as define	d in 11 U.S.C. § 101(44))			
		☐ Stockbroker (as de	fined in 11 U.S.C. § 101(53A))			
		☐ Commodity Broker	(as defined in 11 U.S.C. § 101(6))			
		☐ Clearing Bank (as	defined in 11 U.S.C. § 781(3))			
		■ None of the above				
		B. Check all that apply				
		_	as described in 26 U.S.C. §501)			
			ny, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)			
			(as defined in 15 U.S.C. §80b-2(a)(11))			
		O NIAIOO (Niastis Assass	See Ledwig Oleve Teet's a Octoo A Petropola that had a set to a debug			
			ican Industry Classification System) 4-digit code that best describes debtor. <u>ourts.gov/four-digit-national-association-naics-codes</u> .			
8.	Under which chapter of the	Check one:				
	Bankruptcy Code is the debtor filing?	Chapter 7				
		☐ Chapter 9				
	A debtor who is a "small	□ Chapter 11. Check	all that apply:			
	business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.	· □	,			
			The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).			
			A plan is being filed with this petition.			
			Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
			The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.			
			The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.			
		☐ Chapter 12				
9.	Were prior bankruptcy cases filed by or against the debtor within the last 8 years?	■ No. □ Yes.				
	If more than 2 cases, attach a	l District	When Coop symbol			
	separate list.	District	When Case number			
		District	When Case number			
10.	Are any bankruptcy cases	■ No				
	pending or being filed by a business partner or an affiliate of the debtor?	☐ Yes.				
	List all cases. If more than 1,					
	attach a separate list	Debtor	Relationship One and the city of the control of the city of the ci			
		District	When Case number, if known			

Deb	tor Lidral Orthodontic	s, PLLC		Case number (if known)			
	Name							
11.	Why is the case filed in	Check a	ll that apply:					
	this district?		Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.					
			,	ebtor's affiliate, general partner, or partners	•			
	Does the debtor own or							
12.	have possession of any	■ No	Answer below for each prope	urty that poods immediate attention. Attach	additional shoots if pooded			
	real property or personal property that needs	☐ Yes.	Answer below for each property that needs immediate attention. Attach additional sheets if needed.					
	immediate attention?		Why does the property need immediate attention? (Check all that apply.)					
			☐ It poses or is alleged to power what is the hazard?	ose a threat of imminent and identifiable ha	zard to public health or safety.			
			☐ It needs to be physically s	ecured or protected from the weather.				
				ds or assets that could quickly deteriorate of meat, dairy, produce, or securities-related	or lose value without attention (for example,			
			Other	meat, daily, produce, or securities-related	assets of other options).			
			Where is the property?					
			,	Number, Street, City, State & ZIP Code				
			Is the property insured?					
			□ No					
			☐ Yes. Insurance agency					
			Contact name					
			Phone					
	Statistical and admin	istrative i	nformation					
13.	Debtor's estimation of		Check one:					
	available funds	[☐ Funds will be available for di	stribution to unsecured creditors.				
		I	After any administrative expe	enses are paid, no funds will be available to	o unsecured creditors.			
	Estimated number of			-				
14.	Estimated number of creditors	☐ 1-49 ☐ 50-99	a	☐ 1,000-5,000 ☐ 5001-10,000	☐ 25,001-50,000 ☐ 50,001-100,000			
		☐ 100-1		☐ 10,001-25,000	☐ More than100,000			
		200-9						
15.	Estimated Assets	\$ 0 - \$	\$50,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
			001 - \$100,000	☐ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion			
		□ \$100	,001 - \$500,000	□ \$50,000,001 - \$100 million	☐ \$10,000,000,001 - \$50 billion			
		□ \$500	,001 - \$1 million	☐ \$100,000,001 - \$500 million	☐ More than \$50 billion			
16.	Estimated liabilities	□ \$0 - \$	\$50,000	■ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion			
			001 - \$100,000	□ \$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion			
			,001 - \$500,000	\$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion			
		□ \$500	,001 - \$1 million	☐ \$100,000,001 - \$500 million	☐ More than \$50 billion			

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Debtor	Lidral Orthodont	ics, PLLC	Case number (if known)				
	•						
	Request for Relief,	Declaration, and Signatures					
WARNI		d is a serious crime. Making a false statement in cor up to 20 years, or both. 18 U.S.C. §§ 152, 1341,	onnection with a bankruptcy case can result in fines up to \$500,000 or 1519, and 3571.				
of a	aration and signatur uthorized esentative of debtor		the chapter of title 11, United States Code, specified in this petition.				
		·	I have examined the information in this petition and have a reasonable belief that the information is true and correct.				
		I declare under penalty of perjury that the foreç	going is true and correct.				
		Executed on June 11, 2020 MM / DD / YYYY					
		X /s/ Andrew C. Lidral	Andrew C. Lidral				
		Signature of authorized representative of debto	or Printed name				
		Title President/Member					
18. Sian	nature of attorney	X /s/ Martin L. Rogalski	Date June 11, 2020				
	,	Signature of attorney for debtor	MM / DD / YYYY				
		Martin L. Rogalski P-30548 - MICHIGAN	N .				
		Printed name					
		MARTIN L. ROGALSKI, P.C.					
		Firm name					
		1881 GEORGETOWN CENTER DRIVE JENISON, MI 49428					
		Number, Street, City, State & ZIP Code					
		Contact phone (616) 457-4410	Email address court@mrogalski.com				
		P-30548 - MICHIGAN MI					
		Bar number and State					

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COMPANY RESOLUTION TO AUTHORIZE FILING OF CHAPTER 7

Upon the holding of a Special Meeting called for June 11, 2020, for the purpose of reviewing

the financial situation of LIDRAL ORTHODONTICS, PLLC, a Michigan Corporation, the following

motion was submitted, seconded, and approved by the shareholders of LIDRAL ORTHODONTICS,

PLLC, a Michigan Company:

BE IT HEREBY RESOLVED that LIDRAL ORTODONTICS, PLLC, a

Michigan Company, shall file a Chapter 7 Bankruptcy proceeding. The

Sole Member, Andrew C. Lidral, is authorized to sign any and all papers

necessary to commence and continue the Chapter 7 case. The law firm

of Martin L. Rogalski, P.C., shall be retained as bankruptcy counsel for

the company.

Dated: June 11, 2020

LIDRAL ORTHODONTICS, PLLC

By: /s/ Andrew C. Lidral

Andrew C. Lidral, Sole Member

Fill in this info	rmation	to identify the c	ase:		
Debtor name	Lidral	Orthodontics,	PLLC		
United States E	Bankrupt	cy Court for the:	WESTERN	DISTRICT OF MICHIGAN	
Case number (i	if known)				
	•				Check if this is an
					amended filing
Official For	rm 20	2			
			Penalty	of Perjury for Non-Ind	ividual Debtors 12/15
Deciara	ttiOii	Olidei i	Citaity	or regary for item ind	12/13
amendments o and the date. E WARNING Ba	of those Bankrup ankrupto th a bank	documents. This tcy Rules 1008 a cy fraud is a seri	s form must s and 9011. ous crime. N	other document that requires a declaration that tate the individual's position or relationship to laking a false statement, concealing property, es up to \$500,000 or imprisonment for up to 20	the debtor, the identity of the document, or obtaining money or property by fraud in
De	eclaratio	n and signature			
	Joiaratio	m and signature			
		a, another officer, oas a representativ		ed agent of the corporation; a member or an author in this case.	orized agent of the partnership; or another
I have exa	amined t	he information in	the document	s checked below and I have a reasonable belief th	nat the information is true and correct:
S	Schedule	A/B: Assets–Rea	al and Person	al Property (Official Form 206A/B)	
S	Schedule	D: Creditors Who	o Have Claim	s Secured by Property (Official Form 206D)	
= 5	Schedule	E/F: Creditors W	/ho Have Uns	ecured Claims (Official Form 206E/F)	
= 5	Schedule	G: Executory Co	ntracts and U	nexpired Leases (Official Form 206G)	
= 5	Schedule	H: Codebtors (O	fficial Form 20	06H)	
= S	Summary	of Assets and Li	abilities for No	on-Individuals (Official Form 206Sum)	
_		Schedule			
				Creditors Who Have the 20 Largest Unsecured Cla	aims and Are Not Insiders (Official Form 204)
	Other do	cument that requi	res a declarat	on	
I declare	under pe	enalty of perjury th	at the foregoi	ng is true and correct.	
Executed	d on ,	June 11, 2020		X /s/ Andrew C. Lidral	
	_			Signature of individual signing on behalf of deb	tor
				Andrew C. Lidral	

Printed name

President/Member

Position or relationship to debtor

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Fill in this information to identify the c	ase:		
Debtor name Lidral Orthodontics,	PLLC		
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MICHIGAN		
Case number (if known)		☐ Check if th	nis is an
		amended t	filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Par	Summary of Assets		
1.	Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)		
	1a. Real property: Copy line 88 from Schedule A/B	\$_	0.00
	1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$_	44,331.60
	1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$_	44,331.60
Par	t 2: Summary of Liabilities		
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D	\$_	665,761.79
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)		
	3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of Schedule E/F	\$_	267,708.00
	3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$_	330,501.70
4.	Total liabilities Lines 2 + 3a + 3b	\$	1,263,971.49

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Fill ir	n this information to identify the case:			
	or name Lidral Orthodontics, PLLC			
Unite	ed States Bankruptcy Court for the: WESTERN DISTR	ICT OF MICHIGAN		
Case	number (if known)			
				☐ Check if this is an amended filing
				amonada ming
Off	icial Form 206A/B			
	hedule A/B: Assets - Real	and Personal Pro	perty	12/15
Discloud Include which or une Be as	ose all property, real and personal, which the debtor de all property in which the debtor holds rights and personal have no book value, such as fully depreciated asset expired leases. Also list them on Schedule G: Execusive complete and accurate as possible. If more space is	owns or in which the debtor has a powers exercisable for the debtor's ts or assets that were not capitalize story Contracts and Unexpired Lea s needed, attach a separate sheet the	nny other legal, equ s own benefit. Also ted. In Schedule A/ ses (Official Form 2 to this form. At the	include assets and properties B, list any executory contracts 206G). top of any pages added, write
	ebtor's name and case number (if known). Also identional sheet is attached, include the amounts from the			information applies. If an
sche	Part 1 through Part 11, list each asset under the appridule or depreciation schedule, that gives the details or's interest. do not deduct the value of secured clai	for each asset in a particular cate	gory. List each ass	et only once. In valuing the
Part '	1: Cash and cash equivalents	ms. dee the matructions to unders	tand the terms use	d iii tiii3 ioiiii.
_	es the debtor have any cash or cash equivalents?			
_	No. Go to Part 2. Yes Fill in the information below.			
	l cash or cash equivalents owned or controlled by th	e debtor		Current value of debtor's interest
3.	Checking, savings, money market, or financial b	rokerage accounts (Identify all)		action o interest
o.	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of a number	account
	3.1. UNITED BANK ACCOUNT	CHECKING - MAIN	7444	\$1.00
	3.2. UNITED BANK ACCOUNT	CHECKING - PAYROLL	7436	\$1.00
4.	Other cash equivalents (Identify all)			
5.	Total of Part 1.			\$2.00
	Add lines 2 through 4 (including amounts on any add	ditional sheets). Copy the total to line	80.	
Part 2	Deposits and Prepayments es the debtor have any deposits or prepayments?			
	No. Go to Part 3. Yes Fill in the information below.			
7.	Deposits, including security deposits and utility Description, including name of holder of deposit	deposits		
	7.1. DEPOSITS WHICH ARE UNEARNED			Unknown

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**Description, including name of holder of prepayment

Debtor	Lidral Orthodontics, PL	LC	Case	number (If known)	
9.	Total of Part 2.			_	\$0.00
	Add lines 7 through 8. Copy the	total to line 81.			
Part 3:	Accounts receivable				
10. Does	s the debtor have any accounts	receivable?			
	o. Go to Part 4.				
■ Ye	es Fill in the information below.				
11.	Accounts receivable				
	11b. Over 90 days old:	2,165.50	-	2,165.50 ₌	\$0.00
		e amount	doubtful or uncollecti	ble accounts	
12.	Total of Part 3.	h Par 40 Oracitha tatal	45 l'a 5 00	-	\$0.00
	Current value on lines 11a + 11	b = line 12. Copy the total	to line 82.		
Part 4:	Investments				
13. Does	s the debtor own any investme	nts?			
■ No	o. Go to Part 5.				
□ Ye	es Fill in the information below.				
Part 5:	Inventory, excluding agric				
18. Does	s the debtor own any inventory	(excluding agriculture as	ssets)?		
	o. Go to Part 6.				
■ Ye	es Fill in the information below.				
	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including go	ods held for resale			
22.	Other inventory or supplies				
22.	ELECTRONICS				
	INCLUDING COMPUTERS,				
	PRINTERS, PHONES,				
	SERVER, COPIER, FAX,				
	IPAD, STEREO, AND ARCADE GAMES	2020	\$2,450.00	Liquidation	\$2,450.00
	DD A CTICE				
	PRACTICE MANAGEMENT				
	SOFTWARE		\$0.00		\$1.00
	IMAGING SOFTWARE		\$0.00		\$1.00
					· · · · · · · · · · · · · · · · · · ·

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23. 24. 25. 26. Part 6: 27. Does No. Yes 38. Does Ayes 39. 40. 41. 42.	Lidral Orthodontics, PL Name	LC	Case number (If known)		
	ORTHODONTIC SPECIFIC OFFICE EQUIPMENT (See Attached list)	2020	\$32,625.00	Liquidation	\$32,625.00
	ORTHODONTIC SPECIFIC SUPPLIES (See attached list)	2020	\$2,027.60	Liquidation	\$2,027.60
23.	Total of Part 5. Add lines 19 through 22. Copy t	he total to line 84.			\$37,104.60
24.	Is any of the property listed in ■ No □ Yes	Part 5 perishable?			
25.	Has any of the property listed ■ No □ Yes. Book value	in Part 5 been purchas		e bankruptcy was filed? Current Value	
26.	Has any of the property listed ■ No □ Yes	in Part 5 been apprais	ed by a professional within	the last year?	
■ No	o. Go to Part 7. es Fill in the information below. Office furniture, fixtures, a		·	a motor veriloies and landy.	
	s the debtor own or lease any o	<u> </u>		?	
_	o. Go to Part 8. es Fill in the information below.				
	General description		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture OFFICE FURNITURE INCLUBENCHES, DESKS, FILE CSTORAGE SHELVES		\$7,225.00	Liquidation	\$7,225.00
40.	Office fixtures				
41.	Office equipment, including al communication systems equipment		and		
42.	Collectibles <i>Examples</i> : Antique books, pictures, or other art objecollections; other collections, me	cts; china and crystal; s	tamp, coin, or baseball card		
43.	Total of Part 7. Add lines 39 through 42. Copy t	he total to line 86.			\$7,225.00

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Debtor			Case	number (If known)	
44.	Name Is a depreciation schedule availab ■ No □ Yes	le for any of the prop	perty listed in Part 7?		
45.	Has any of the property listed in P ■ No □ Yes	art 7 been appraised	by a professional within	the last year?	
Part 8:	Machinery, equipment, and ve				
_	the debtor own or lease any mach	inery, equipment, or	vehicles?		
	o. Go to Part 9. es Fill in the information below.				
Part 9:	Real property				
54. Does	the debtor own or lease any real p	property?			
	o. Go to Part 10.				
■ Ye	es Fill in the information below.				
55.	Any building, other improved real	estate, or land which	n the debtor owns or in w	hich the debtor has an intere	est
	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available. 55.1. COMMERCIAL	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
	LEASE WITH 158 MARCELL, LLC ON THE EAST HALF OF A BUILDING (SUITE NO. 1) LOCATED AT 158 MARCELL NE, ROCKFORD, MI 49341	TENANT	\$0.00		\$0.00
56.	Total of Part 9. Add the current value on lines 55.1 t Copy the total to line 88.	hrough 55.6 and entrie	es from any additional shee	ets.	\$0.00
57.	Is a depreciation schedule available No ☐ Yes	le for any of the prop	perty listed in Part 9?		
58.	Has any of the property listed in P ■ No □ Yes	art 9 been appraised	by a professional within	the last year?	
Part 10:					
59. Does	the debtor have any interests in ir	tangibles or intellect	tual property?		
	o. Go to Part 11. es Fill in the information below.				

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Debtor	Lidral Orthodontics, PLLC	Case number (If known)	
	Name		
Part 11:	All other assets		
	the debtor own any other assets that have not yet l		
Include	e all interests in executory contracts and unexpired lea	ses not previously reported on this form.	
■ No.	Go to Part 12.		
П Удс	Fill in the information below.		
	THE REPORT OF THE PROPERTY OF		

Debtor **Lidral Orthodontics, PLLC** Case number (If known) Name Summary Part 12: In Part 12 copy all of the totals from the earlier parts of the form **Current value of** Current value of real Type of property personal property property Cash, cash equivalents, and financial assets. 80. \$2.00 Copy line 5, Part 1 Deposits and prepayments. Copy line 9, Part 2. \$0.00 Accounts receivable. Copy line 12, Part 3. \$0.00 82. 83. Investments. Copy line 17, Part 4. \$0.00 Inventory. Copy line 23, Part 5. \$37,104.60 Farming and fishing-related assets. Copy line 33, Part 6. \$0.00 86. Office furniture, fixtures, and equipment; and collectibles. \$7,225.00 Copy line 43, Part 7. Machinery, equipment, and vehicles. Copy line 51, Part 8. \$0.00 Real property. Copy line 56, Part 9..... 88. \$0.00 Intangibles and intellectual property. Copy line 66, Part 10. 89. \$0.00 90. All other assets. Copy line 78, Part 11. \$0.00 + 91b. Total. Add lines 80 through 90 for each column \$44,331.60 \$0.00

92. Total of all property on Schedule A/B. Add lines 91a+91b=92

\$44,331.60

BUSINESS INVENTORY ATTACHMENT TO AB

EQUIPMENT	Quantity	Uni	t Value	T	otal	MODEL NUMBER	SERIAL NUMBER
Orthopantomograph OP100 : Type OC 100-3-1-1-5	1	\$	2,500	\$	2,500		75978
**Tube insert Type D-0515						THA100	5991 & 9480
ImageMax Developer	1	\$	500	\$	500	950	1620
Whip Mix Model Trimmer	1	\$	200	\$	200	5KH39QN9741HX	C15J90013
Micro-Cab	1	\$	100	\$	100	8762-4042-10	
Handy-Eco Brushless Motor Lab Handpiece	1	\$	100	\$	100	ECO1000	1517208
AO Curing Light Blue Ray 3	1	\$	100	\$	100		304868086
**Charging base							304897033
AO Curing Light Blue Ray 3	1	\$	100	\$	100		306706058
**Charging base							306707017
AO Curing Light Blue Ray 3	1	\$	100	\$	100		306650026
**Charging base							306651015
3M Unitek Ortholux Luminous Curing Light	1	\$	100	\$	100		939212020064
Scheu-Dental Biostar Pressure Molding Machine	1	\$	1,000	\$	1,000		1717
Apollo 95E Elite Curing Light	1	\$	50	\$	50	020-1245	NX10410076
Apollo 95E Elite Curing Light	1	\$	50	\$	50	020-1245	NX10350063
Itero Element 2	1	\$	15,000	\$ 1	15,000		BLX2019W07A083
Statim 2000		\$	500	\$	-	121101	2101AJ5878
Ritter M11 UltraClave	1	\$	1,000	\$	1,000	M11-001	ES009995

Dentsonic Ultrasonic Cleaner	1	\$ 100	\$ 100	UC300	1016 0150241
Cox Rapid Heat Transfer Sterilizer	1	\$ 50	\$ 50	0009	CX17438
Air Techniques AirStar 10 compressor	1	\$ 1,000	1,000 \$ 1,000	1511007411	810-002383
Air Techniques VacStar Dental Vacuum System	1	\$ 750	\$ 750	Vactstar20	206079
Dental Units - (Circa 1996)	9	\$ 100	009 \$		
Dental Chairs - (Circa 1996)	7	\$ 250	\$ 1,750		
Camera Canon EOS 60D with 100mm Macro & flash	1	\$ 650	\$ 650		
		Total	\$ 25,800		

FURNITURE

Chairs Waiting room	26	Ballpark Value \$100	Total \$2,600
Office	10	\$100	\$1,000
Benches	7	\$100	\$700
Desks	3	\$500	\$1,500
File Cabinets	8	\$100	\$800
Storage Shelves	25	\$25	\$625
			\$7,225
ELECTRONICS Computers - Windows 7	7	\$25	\$175
Printers	5	\$100	\$500
Phones	7	\$25	\$175
Server	1	\$200	\$200
Copier	1	\$100	\$100
Fax	1	\$50	\$50
iPad	2	\$100	\$200
Stereo	1	\$50	\$50
Arcade Games	2	\$500	\$1,000 \$2,450
			72,730

Total \$9,675 \$1,000 \$ 1,000 1511007411 Air Techniques AirStar 10 compressor 1 \$ 750 \$ 750 Vactstar20 Air Techniques VacStar Dental Vacuum System 1 Dental Units - (Circa 1996) \$ \$ 100 600 6 \$ Dental Chairs - (Circa 1996) 7 1,750 250 Camera Canon EOS 60D with 100mm Macro & flash 650 \$ 1 \$ 650 \$ 6,825 Total

Donated	Spectrum	numero e	1	T	ĭ	<u> </u>	1	1		T	T	T	1	T	T	T			\$442.21		1	1	1	T-	7	1		 1						, , , , , , , , , , , , , , , , , , ,			-T	T		T	Ţ	_	
	Supplier	Crest + Oral B	Crest + Oral B	Crest + Oral B	Crest + Oral B	Crest + Oral B	Benco	Benco	Plackers	Henry Schein	Henry Schein	Benco	Benco	Benco	Benco	Benco	Benco	Benco	Benco	Benco	Benco	Benco	Benco	Benco	Benco	Benco	Benco	Henry Schein	Henry Schein	Benco	Henry Schein	Benco	Benco	X-Ray Support	X-Ray Support	X-Ray Support	X-Ray Support	X-Ray Support	Benco	Benco	Benco	Family Fare	Benco
	Total Value	\$27.45	\$27.45	\$27.45	\$118.26	\$0.00	\$52.94	\$109.48	\$63.00	\$10.00	\$10.00	\$14.40	\$26.19	\$26.99	\$20.40	\$15.79	\$21.10	\$8.25	\$442.21	\$24.74	\$22.76	\$56.69	\$79.24	\$49.49	\$49.94	\$27.00	\$21.96	\$16.95	\$16.95	\$11.79	\$47.24	\$45.16	\$26.75	\$47.99	\$129.20	\$13.49	\$70.49	\$28.00	\$10.75	\$80.00	\$103.55	\$4.01	\$58,43
	Value	\$10.98	\$10.98	\$10.98	\$26.28	0	\$35.29	\$43.79	\$4.50	\$19.99	\$19.99	\$28.79	\$26.19	\$26.99	\$40.79	\$15.79	\$42.19	\$16.49	\$14.99	\$16.49	\$22.76	\$113.37	\$12.19	\$32.99	\$33.29	\$53.99	\$43.91	\$33.90	\$33.90	\$23.57	31,49	\$11.29	\$53.49	\$47.99	\$64.60	\$8.99	\$46.99	\$55.99	\$21.49	\$159.99	\$10.90	\$0.89	\$38.95
	Total	2.5	2.5	2.5	4.5	5.5	1.5	2.5	14	0.5	0.5	0.5	г	г	0.5	H	0.5	0.5	29.5	1.5	↔	0.5	6.5	1.5	1.5	0.5	0.5	0.5	0.5	0.5	1.5	4	0.5	1	2	1.5	1.5	0.5	0.5	0.5	9.5	4.5	1.5
	Unopened	2	2	2	4	5	1	2	13										25	1			9	7-1	1						ч-1			1	₩	1	₩.				ō	4	11
	Unopened Quantity	2 boxes of 36	2 boxes of 36	2 boxes of 36	4 boxes of 72	5	1 box of 50	2 boxes of 110	13 bags of 36										25	1			9	1 bottle (2lb)	-						→			1 box (4 sets)	1 box (8 sets)	1					9 Bags of 100	4	ç-ref
	Opened	1	1	П	1	1	1	1	2	1	1	1	2	2	1	2	1	1	6	1	7	1	П	1	1	1	1	1	-			80	r-i		7	г	П	1	1	П		1	7
	Opened Quantity	1 box	1 box	1 box	1 box	T	1 box	1 box	2 bags	.	1		2	2 boxes (about 700 bibs)	₩.	2	1	1	6	1	7	1 gallon jug	1	1	1 (500)	₩.	1	-				0	1 (3 pks of 100)		2 sets	-	7	1	1	1 (box of 1000)	1 (bag of 100) comes in box of (1000)	F	F
	Item	Loothpaste - Crest Pro Health	loothpaste - Crest Gum Detoxify	Toothpaste - Crest Gum Sensiticity	Oral-B Glide Pro-Health Advanced 4mm floss	Crest Toothbrush supply bags	Wax packs	G.U.M Soft Picks	Plackers	Piksters Interdental Brush Size 5	Piksters Interdental Brush Size 6	Plastic Cups Box of 1000	Noia Red Cheek Retractors (not full noia system)	Econoback Patient Bib 13" x 19" Rose 3-Ply Case of 500	Cavicide Gallon Jug	Cavicide 24oz spary bottle	Cavi 1 Gallon Jug	Cavi 1 24oz spray bottle	Cavi Wipes	Sta-Lube Silicone Spray 16oz	ValuLine Tray Covers Size B White Box of 1000	Liquid Enzymax	Alginate Kromopan Pouch	Afuminum Oxide Powder 90 micron	Benco Cotton Rolls box of 2000	Yellow Stone 50lb carton	White Plaster 50lb carton	Laboratory Pumice Medium 5lb bottle	Laboratory Pumice Flour Sib Bottle	Emulate Iray Cleaner	Perrecta Blockout Resin 3CC	riexible ivilixing bowl	Microbrush Blue Refill 400pk	Image Max ECO Developer Cleaner	mage Max Chemistry for Processor Devocrixer set	Waterflo Plus 1oz bottle	Ceph 8x10in Green Fuji Film 100 sheet box	Pan 15x30cm Green Fuji 100 sheet box	Speed Clean 16oz bottle	IMS Universal Wrap 15x15 Blue	Cotton Tipped Applicators	Distilled Water 1 gallon jug	BlueTab Waterline tabs box of 50

\$408.45 \$369.55 \$369.49 \$40.49 \$121.46

White Glove Dispensers	10	0			c	\$5.99	\$0.00	Doc G
Henry Schein Level 3 Facemasks White and	10330000110							
Next Prophy Paste Medium Assorted Box of	410 individual 015	۷ ۲	Oc	DS.	31	\$10.79	\$334.49	Henry Schein
	TTO III GIVING CUDS	7			0.5	\$47.79	\$23.90	Benco
Listerine Total Care Zero Alcohol 1L Case of 6	3 bottles	33			1.5	\$35.99	\$53.99	Велсо
G.U.M. Eez Floss Threaders 100 pk	_	1			0.5	\$36.19	\$18.10	Benco
2x2 Gauze (Dental City) Case of 5000	16 (packs of 200)	16			∞	\$33.45	\$267.60	Dental City
Health Tec Pure Touch Gloves Box of 300 size Small	9	9	× 1	χ.	7.	\$10 VE	Ç400 45	ā
Health Tec Pure Touch Gloves Box of 300 size	- April 1	,	2	0	77	512.43	\$408.45	<u> </u>
Med	9	9	16	16	19	\$19.45	\$369.55	ОНЫ
ValuLine Head Rest Covers 10x10 Case of 500	7	7			-	\$30.77	\$30.77	Special
Mint-A-Kleen Waterline Cleaner 16oz bottle	9	9	2	2	5	\$15.99	\$79.95	Henry Schein
Benco Combo Tipped HVE Bag of 100	₩	1	6	6	9.5	\$5.84	\$55.48	Benco
Benco White Saliva Ejector Pack of 100		1	6	6	9.5	\$3.23	\$30.69	Benco
Colgate Prevident 5000 Booster Plus Paste Fruitastic			2	2	2	\$10.49	\$20.98	Colgato
Colgate Prevident 5000 Booster Plus Paste								3300
Spearmint Tarter and Stain Domount			co ,	m	3	\$10.49	\$31.47	Colgate
Tran Linere Dark of 6	4 /F (a.s)	7		e4	H	\$19.16	\$19.16	Benco
Downs Chair Carrier	1 (5 liners)				0.5	\$15.20	\$7.60	Benco
Chora Indirator Table		1			0.5	\$50.79	\$25.40	Вепсо
Detail (Indicator Tape		1	2	2	2.5	\$5.84	\$14.60	Benco
Scotts C Fold Tours of 2000 (17.1)	4	4			2	\$8.15	\$16.30	Dentsply
with 200)	20 sleeves	20		÷	10	64 67\$	\$447.90	a
Maxi Guard disposable jackets size Large								
(10pk)	3 jackets	3			1.5	\$26.99	\$40.49	Henry Schein
Maxi Guard disposable jackets size Small (10pk)	9 jackets	σ				000	4	
Valutine Blue Sterilization pouches 5.25x10		,			1	66.025	\$121.40	Henry schein
box of 200	Ţ	1	2	2	2.5	\$11.51	\$28.78	Benco
ValuLine Blue Sterilization pouches 3.5x9 Box	,							
Ortholice		- (0.5	\$19.61	\$9.81	Benco
200	7	7			П	\$25.14	\$25.14	Dentsply
Essix C+ plastic .040 x 125mm circle Box of 100	1 box	1			0.5	\$148.04	\$74.02	Dentsply
Essix A+ plastic .030 5" square Box of 100	1 box	1			0.5	\$92.15	\$46.08	Dentsply
Spectra Ctd NiTi AccuForm 16X22 Lower 10pk	1	ç-i	4	4	4.5	\$42.97	\$193.37	Dentsply
Spectra Ctd NiTi AccuForm 16X22 Upper 10pk	, ,	1	1	FI	1.5	\$42.97	\$64.46	Dentsply
Bearrier Bite Block Cover 1.5 in x 3 in 500/8x	1	ы			0.5	\$30.79	\$15.40	Henry Schein
Bite Block Protectors 1" x 2" Box of 1000	-	1			0.5	\$24.79	\$12.40	Benco
REACH Floss Waxed 200 Yards Mint			1	1	1	\$3.49	\$3.49	Henry Schein
of 12	1 (12 mirrors)	Н			5.0	\$18.71	92 03	0
					,	4	70.00	סבנוכס

Forsus total Kits

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American Total \$5,413.08

And Full And Parked Stripe 1.2 Sheets per bit 1.2 bit and and five business page Stripe 1.2 beets per bit 1.2 beets	letric EvoCeram Enamel Shade 0.2g Ketiil Pack of 20	\leftarrow	₽			0.5	\$113.99	\$57.00	Benco
Single stand Wave Pattern Cleaner Blue Boar and Wave Pattern Cleaner Boar and	Articulating Paper Strips 12 sheets per bk 12bk per box	1	1			0.5	\$10.49	\$5.25	Henry Schein
Operator Each Stand 1 1 1 1 50.09 54.07 57.09 Freed Stand Stand Cutter 1 1 1 1 1.5 55.02 54.07 54.07 Freed Stand Stand Stand Cutter 1 1 1 1 1.5 55.02 54.07 A stand Sta	Debubblizer and Wax Pattern Cleaner Blue 80z	₽	⊣			0.5	\$10.29	\$5.15	Benco
Section Freetric Section Sec	Filtek Supreme Ultra Capsule B2-B 20 per bottle	1 (6 capsules)				0.5	\$141.79	\$70.90	Benco
Exelective Small State Doors 1 1 1 1 1 1 1 1 1	Replacement Silicone Insert Distal End Cutter Pack of 3		-			0.5	\$9.00	\$4.50	Benco
Few Nother Examilation per Poor 1 1 1 1 1 1 1 1 1	Dry Tips Reflective Small 50 per box	₽	Н	₩	1	1.5	\$20.29	\$30.44	Henry Schein
th Applicator Tipo 22 gauge Black Pack 1 1 1 1.5 555.99 590.00 ch 35% Phiosphoric Acid - 30ml 1 1 1 1.5 555.99 580.00 rine acid 1 1 1 1.5 555.00 556.00 line acid 1 1 1 1.5 555.00 556.00 line acid 1 1 1 1.5 555.00 556.00 none blus Set Exting Primer - Box of 100 1 1 1 1.5 550.00 none blus Blush Flaciners - Box of 100 1 1 1 1.5 50.00 none blus Blush Resiners - Box of 100 and 100	Dri-Angle w/Silver Small 400 per box	1	7			0.5	\$19.99	\$10.00	Henry Schein
1	Pre-Bent Applicator Tips 22 gauge Black Pack of 100	↔				0.5	\$17.99	\$9.00	Benco
1	Opal Etch 35% Phosphoric Acid - 30ml	7-				, r	\$50 00	\$20.00	[][traDent
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 1 1 2 50.00	Zinc Pellets	- 1	1 (-	1	1	0.5	\$52.00	\$26.00	Great Lakes
1 1 1 1 1 1 1 1 1 1	Action Line .020 Thread	4	4			2		\$0.00	3M Unitek
1 1 1 1 1 1 1 1 2 80.00 1 1 1 1 1 2 80.00 1 1 1 1 1 2 80.00 1 1 1 1 1 1 1 80.00 1 1 1 1 1 1 1 1 80.00 1 1 1 1 1 1 1 1 80.00 1 1 1 1 1 1 1 1 80.00 1 1 1 1 1 1 1 1 80.00 1 1 1 1 1 1 1 1 80.00 1 1 1 1 1 1 1 1 80.00 1 1 1 1 1 1 1 1 80.00 1 1 1 1 1 1 1 1 80.00 1 1 1 1 1 1 1 1 80.00 1 1 1 1 1 1 1 1 80.00 1 1 1 1 1 1 1 1 1	Transbond Plus Self Etching Primer - Box of 100	₩	H			0.5		\$0.00	3M Unitek
2 2 1 1 2 \$0.00 1 1 1 2 \$0.00 14 1 1 0.5 \$0.00 13 rods) 1 1 1 \$0.00 14 1 1 1 \$0.00 14 1 1 1.5 \$0.00 14 1 1 1.5 \$0.00 14 1 1 1.5 \$0.00 14 1 1 1.5 \$0.00 14 1 1 1.5 \$0.00 14 1 1 1 \$0.00 14 1 1 1 \$0.00 14 1 1 1 \$0.00 1 1 1 1 \$0.00 1 1 1 1 \$0.00 1 1 1 1 \$0.00 2 2 2 \$0.00	Transbond Plus Color Change Adhesive - 25 Capsules	-		t		1.5		\$0.00	3M Unitek
1 1 1 0.5 \$0.00 1 1(2 rods) 1 1 0.5 \$0.00 1 1(3 rods) 1 1 1 \$0.00 1 1(1 spring) 1 1 1 \$0.00 1 1(3 rods) 1 1 1 \$0.00 1 1(3 rods) 1 1 1 \$0.00 1 1(3 rods) 1 1 1.5 \$0.00 1 1 1 1.5 \$0.00 1 1 1 \$0.5 \$0.00 1 1 1 \$0.00 \$0.00 1 1 1 1 \$0.00 \$0.00 1 1 1 1 \$0.00 \$0.00 1 1 1 2 \$0.00 \$0.00 2 2 2 2 2 2 2 1 1 2 2 2	Multi-Cure Glass lonomer Orthodontic Band	,	,		-	,		00 0\$	3M Unitek
ce Direct Push Rod Left 25mm - 5pk 1 (2 rods) 1 1 0.5 \$0.00 ce Direct Push Rod Left 23mm - 5pk 1 (3 rods) 1 1 1 1 \$0.00 ce Direct Push Rod Left 32mm - 5pk 1 (3 rods) 1 1 1 1 \$0.00 \$0.00 ce Direct Push Rod Left 32mm - 5pk 1 (1 spring) 1 1 1 \$0.00 \$0.00 ce Direct Push Rod Left 32mm - 5pk 1 (3 rods) 1 1 1 \$0.00 \$0.00 ce Direct Push Rod Right 23mm - 1 (1 rod) 1 1 1 1 \$0.00 \$0.00 ce Direct Push Rod Right 32mm - 1 (1 rod) 1 1 1 1 \$0.00 \$0.00 ce Direct Push Rod Right 32mm - 1 (1 rod) 1 1 1 1 \$0.00 \$0.00 ce Direct Push Rod Right 32mm - 1 (1 rod) 1 1 1 \$0.00 \$0.00 ce Direct Push Rod Right - 5pk 1 (4 springs) 1 1 1 \$0.00 \$0.00 ere ZZ Module Right - 5pk	Transbond LR Adhesive for Lingual Retainers- 25 Capsules		1 +4			0.5		\$0.00	3M Unitek
ce Direct Push Rod Left 29mm - Spk 1 (3 rods) 1 1 1 1 50.00 ce Direct Push Rod Left 32mm - Spk 1 (3 rods) 1 1 1 1 50.00 ce Direct Push Rod Left 35mm - Spk 1 (1 spring) 1 1 1 50.00 ce Direct Push Rod Left 35mm - Spk 1 (3 rods) 1 1 1 50.00 ce Direct Push Rod Right 25mm - 1 (1 rod) 1 1 1 50.00 ce Direct Push Rod Right 35mm - 1 (1 rod) 1 1 1 50.00 ce Direct Push Rod Right 35mm - 1 (1 rod) 1 1 1 50.00 ce Direct Push Rod Right 35mm - 1 (1 rod) 1 1 1 50.00 ce EZZ Module Right - 5pk 1 (4 springs) 1 1 1 50.00 ersal Split Crimp 1 1 1 50.00 50.00 ersal Split Crimp 2 2 545.00 \$30.00 1 M 10pk 2 2 255 \$455.00 \$112.50	Forsus Device Direct Push Rod Left 25mm - 5pk	1 (2 rods)	7			0.5		\$0.00	3M Unitek
ce Direct Push Rod Left 32mm - 5pk 1 (3 rods) 1 1 1 1 50.00 ce EZZ Module Left - 5pk 1 (1 spring) 1 1 1 1.5 \$0.00 ce Direct Push Rod Right ZSmm - 1 (1 rod) 1 (3 rods) 1 1 1.5 \$0.00 ce Direct Push Rod Right 25mm - 1 (1 rod) 1 (1 rod) 1 1 1.5 \$0.00 ce Direct Push Rod Right 32mm - 1 (1 rod) 1 (1 rod) 1 1 1.5 \$0.00 ce Direct Push Rod Right 32mm - 1 (1 rod) 1 (1 rod) 1 1 1.5 \$0.00 ce Direct Push Rod Right 32mm - 1 (1 rod) 1 (1 rod) 1 1 1.5 \$0.00 ce Direct Push Rod Right 32mm - 1 (1 springs) 1 1 1 \$0.5 \$0.00 ce EZZ Module Right - 5pk 1 (4 springs) 1 1 1 \$0.00 \$0.00 ereal Split Crimp 1 1 1 2 \$45.00 \$90.00 rest Split Crimp 2 2 2 25.5 \$45.00 \$1	Forsus Device Direct Push Rod Left 29mm - 5pk	1 (3 rods)	⊣			0.5		\$0.00	3M Unitek
ce Direct Push Rod Left 35mm - 5pk 1 (1 spring) 1 1 1 1 50.00 ce Direct Push Rod Right 25mm - 1 (3 rods) 1 (3 rods) 1 1 1 1.5 \$0.00 ce Direct Push Rod Right 29mm - 2 Direct Push Rod Right 32mm - 2 Direct Push Rod Right 32mm - 2 Direct Push Rod Right 35mm - 3 Direct Push Rod Right 35mm - 3 Direct Push Rod Right 35mm - 3 Direct Push Rod Right 5 Direct Pus	Forsus Device Direct Push Rod Left 32mm - 5pk	1 (3 rods)	1	1		0.5		\$0.00	3M Unitek
Ce EZZ Module Left - 5pk 1 (1 spring) 1 1 1.5 \$0.00 ce Direct Push Rod Right 25mm - Ce Direct Push Rod Right 25mm - Ce Direct Push Rod Right 32mm - Ce Direct Push Rod Right 32mm - Ce Direct Push Rod Right 35mm - Ce EZZ Module Right - 5pk 1 1 1 1.5 \$0.00 ce EZZ Module Right - 5pk 1 (4 springs) 1 1 1 \$0.00 ce EZZ Module Right - 5pk 1 (4 springs) 1 1 \$0.00 \$0.00 er ez Z Module Right - 5pk 1 (4 springs) 1 1 \$0.00 \$0.00 er ez Z Module Right - 5pk 1 (4 springs) 1 1 \$0.00 \$0.00 er sal Split Crimp 1 1 1 \$0.5 \$0.00 \$0.00 d Aw 10pk 2 2 2 \$45.00 \$112.50 \$112.50	Forsus Device Direct Push Rod Left 35mm - 5pk			1		1		\$0.00	3M Unitek
ce Direct Push Rod Right 25mm - 1 (3 rods) 1 6.5 \$0.00 ce Direct Push Rod Right 29mm - 1 (1 rod) 1 1 1 50.00 ce Direct Push Rod Right 32mm - 1 (1 rod) 1 1 1.5 \$0.00 ce Direct Push Rod Right 35mm - 1 (1 rod) 1 1 1 \$0.00 ce EZZ Module Right - 5pk 1 (4 springs) 1 1 \$0.00 \$0.00 ersal Split Crimp 1 0 0 \$0.00 \$0.00 ersal Split Crimp 2 2 \$45.00 \$0.00 AW 10pk 2 2 2 \$45.00 \$112.50	Forsus Device EZ2 Module Left - 5pk	1 (1 spring)	1	1	1	1.5		\$0.00	3M Unitek
ce Direct Push Rod Right 29mm - 1 (1 rod) 1 1 1 1 50.00 ce Direct Push Rod Right 32mm - 1 (1 rod) 1 1 1 1.5 \$0.00 ce Direct Push Rod Right 35mm - 1 1 1 1 \$0.00 ce EZZ Module Right - 5pk 1 (4 springs) 1 0.5 \$0.00 ersal Split Crimp 1 0.5 \$0.00 ersal Split Crimp 2 2 \$45.00 \$90.00 AAW 10pk 2 2 2 \$45.00 \$112.50	Forsus Device Direct Push Rod Right 25mm - 5pk	1 (3 rods)	1			0.5		\$0.00	3M Unitek
ce Direct Push Rod Right 32mm - 1 (1 rod) 1 1 1.5 \$0.00 ce Direct Push Rod Right 35mm - 1 1 1 \$0.00 ce EZZ Module Right - 5pk 1 (4 springs) 1 0.5 \$0.00 ersal Split Crimp 1 0 \$0.00 \$0.00 ersal Split Crimp 2 2 \$45.00 \$90.00 d AW 10pk 2 2 \$45.00 \$112.50 AW 10pk 1 1 2 \$45.00 \$112.50	Forsus Device Direct Push Rod Right 29mm - 5pk	1 (1 rod)	1			0.5		\$0.00	3M Unitek
ce Direct Push Rod Right 35mm - 1 1 1 \$0.00 ce EZZ Module Right - 5pk 1 (4 springs) 1 0.5 \$0.00 ersal Split Crimp 1 0 \$0.00 d AW 10pk 2 2 1 2 \$45.00 \$30.00 AW 10pk 1 1 2 \$45.00 \$112.50	Forsus Device Direct Push Rod Right 32mm - 5pk	1 (1 rod)	1	-	F-1	1.5		\$0.00	3M Unitek
ce EZ2 Module Right - 5pk 1 (4 springs) 1 6.00 \$0.00 ersal Split Crimp 1 0 \$0.00 \$0.00 d AW 10pk 2 2 1 1 2 \$45.00 \$390.00 AW 10pk 1 1 2 \$45.00 \$112.50 \$112.50	Forsus Device Direct Push Rod Right 35mm - 5pk			1	П	С		\$0.00	3M Unitek
ersal Split Crimp 1 0 \$0.00 d AW 10pk 2 2 1 2 \$45.00 \$90.00 A AW 10pk 1 2 \$45.00 \$12.50 \$12.50	Forsus Device EZ2 Module Right - 5pk	1 (4 springs)	1			0.5		\$0.00	3M Unitek
d AW 10pk 2 1 1 2 \$45.00 \$90.00 1 AW 10pk 1 2 2 \$45.00 \$112.50	Forsus Universal Split Crimp					0		\$0.00	3M Unitek
2 2 1 2 \$45.00 \$90.00 1 1 2 2 2.5 \$45.00 \$112.50	Arch Wires								
1 1 2 2 2.5 \$45.00 \$112.50	U 014N Gold AW 10pk	2	2	1	П	2	\$45.00	\$90.00	American
	L 014N Gold AW 10pk	1	1	2	2	2.5	\$45.00	\$112.50	American

L 016N Gold AW 10pk	1				, 7	\$15 DO	¢£7 EO	A collection
U 018N Gold AW 10pk	-	Н	-	1 -	25	\$45.00	\$67.50	American
L018N Gold AW 10pk	-	-	2	2	25	\$45.00	\$112 EO	Amorina
U 1622N Gold AW 10pk	-	1 6	1	1 -	1.5	\$45.00	\$67.50	American
L 1622N Gold AW 10pk	-	1		-	1.5	\$45.00	\$67.50	American
U 016S Gold AW 10pk	-	1	-	1	1.5	\$41.40	\$62.10	American
L 016S Gold AW 10pk	-	1	2	2	2.5	\$41.40	\$103.50	American
U 1622S Gold AW 10pk	-	1	1	1	1.5	\$41.40	\$62.10	American
L 1622S Gold AW 10pk	Ţ	1	2	2	2.5	\$41.40	\$103.50	American
U 16x16S Gold AW 10pk		1			0.5	\$41.40	\$20.70	American
L 16x16S Gold AW 10pk	₩.	П			0.5	\$41.40	\$20.70	American
7503 NC101					0		\$0.00	
U UIZN SUPK		1			0.5	\$14.65	\$7.33	American
L 012N 50pk	₩	1			0.5	\$14.65	\$7.33	American
U 014N 10pk	2	2	ĸ	3	4	\$14.65	\$58.60	American
L 014N 10pk	2	2	3	3	4	\$14.65	\$58.60	American
U 016N 10pk	2	2	3	3	4	\$14.65	\$58.60	American
L 016N 10pk	2	2	3	3	4	\$14.65	\$58.60	American
U 018N 10pk		1	3	co	3.5	\$14.65	\$51.28	American
L 018N 10pk	1	П	ന	m	3.5	\$14.65	\$51.28	American
U 014S 50pk	ţ-l	1	3	m	3.5	\$21.76	\$76.16	American
L 014S 50pk	← I	ы	3	3	3.5	\$21.76	\$76.16	American
U 016S 50pk	FI	1	1		1.5	\$21.76	\$32.64	American
L 016S 50pk	17	1	П	1	1.5	\$21.76	\$32.64	American
U 018S 50pk	1	Н			0.5	\$21.76	\$10.88	American
L 018S 50pk	Н	1,			0.5	\$21.76	\$10.88	American
U 16x165 10pk	2	2	က	3	4	\$8.74	\$34.96	American
L 15x165 10pk	2	2	3	æ	4	\$8.74	\$34.96	American
U 16225 10pk	1	Н	2	2	2.5	\$8.74	\$21.85	American
L 16225 10pK	2	2	2	2	С	\$8.74	\$26.22	American
U 18X18HA 10pk	2	2	2	2	е	\$24.54	\$73.62	American
L 18x18HA 10pk	2	2	4	4	5	\$24.54	\$122.70	American
U 1622HA 10pk	2	2	3	м	4	\$24.54	\$98.16	American
L 1622HA 10pk		П	က	æ	3.5	\$24.54	\$85.89	American
U 16221MA 10pk	2	2	2	2	3	\$41.51	\$124.53	American
L 1622TMA 10pk	2	2	2	2	3	\$41.51	\$124.53	American
U 1/25TMA 10pk	2	2	2	2	3	\$41.51	\$124.53	American
L 1725 IMA 10pk	2	2	2	2	3	\$41.51	\$124.53	American
L 1622RCN 10pk	~ 1	1	-	1	1.5	\$44.35	\$66.53	American
O-Ties								
Plastic Ligatures 10-Ring - Pink	t	1	L		7.	\$23.43	535 15	American
Plastic Ligatures 10-Ring - Yellow	-	7	-		25.	\$23.43	\$35.15	American
Plastic Ligatures 10-Ring - Light Blue	-	r-d	1	1	1.5	\$23.43	\$35.15	American
Plastic Ligatures 10-Ring - Burgundy	П		1	1	1.5	\$23.43	\$35,15	American
Plastic Ligatures 10-Ring - Dark Orange	1	1			1.5	\$23.43	\$35.15	American
Plastic Ligatures 10-Ring - Coral	1	1	1	1	1.5	\$23.43	\$35.15	American
Plastic Ligatures 10-Ring - Royal Blue		1	1	1	1.5	\$23.43	\$35.15	American
Plastic Ligatures 10-Ring - White	7	1			0.5	\$23.43	\$11.72	American
Plastic Ligatures 10-Ring - Aqua		1			0.5	\$23.43	\$11.72	American
Plastic Ligatures 10-King - Kose	1	7			0.5	\$23.43	\$11.72	American

Plastic Ligatures 10-Ring - Fire Red	1	41			0.5	\$23.43	\$11.72	American
Plastic Ligatures 10-Ring - Lilac	1	1			0.5	\$23.43	\$11.72	American
Plastic Ligatures 10-Ring - Purple	1	7			0.5	\$23.43	\$11.72	American
Plastic Ligatures 10-Ring - Shamrock Green	П	1			0.5	\$23.43	\$11.72	American
Plastic Ligatures 10-Ring - Black	-	r-1			0.5	\$23.43	\$11.72	American
Plastic Ligatures 10-Ring - Silver	1	7			0.5	\$23.43	\$11.72	American
Plastic Ligatures 10-Ring - Pearl	1	1			0.5	\$23.43	\$11.72	American
Plastic Ligatures 10-Ring - Teal	1	r-4	-		0.5	\$23.43	\$11.72	American
Plastic Ligatures 10-Ring - Lime	Ţ	1			0.5	\$23.43	\$11.72	American
Plastic Ligatures 6 Stick - Bubblegum	1	-			0.5	\$23.43	\$11.72	American
Plastic Ligatures 6 Stick - Tooth	1	7			0.5	\$23.43	\$11.72	American
Plastic Ligatures 6 Stick - Bronze	1				0.5	\$23.43	\$11.72	American
Plastic Ligatures 6 Stick - Gold Rush	1	1			0.5	\$23.43	\$11.72	American
Plastic Ligatures 6 Stick - Orange		П			0.5	\$23.43	\$11.72	American
Chain Plastic 15' Short - Black	Ţ	Н	-	П	1.5	\$23.43	\$35.15	American
Chain Plastic 15' Short - Navy Blue	1	П	-	Ţ	1.5	\$23.43	\$35.15	American
Chain Plastic 15' Short - Clear	1	1	-	1	1.5	\$23.43	\$35.15	American
Chain Plastic 15' Short - Lime	F	1	1	1	1.5	\$23.43	\$35.15	American
Chain Plastic 15' Short - Silver	Ţ	1	₩	1	1.5	\$23.43	\$35.15	American
Chain Plastic 15' Short - Light Blue	-	1			0.5	\$23.43	\$11.72	American
Chain Plastic 15' Short - Pearl	1	П			0.5	\$23.43	\$11.72	American
Chain Plastic 15' Short - Royai Blue	1	1			0.5	\$23.43	\$11.72	American
Chain Plastic 15' Short - Teal	1	1			0.5	\$23.43	\$11.72	American
Chain Plastic 15' Short - Aqua	1	1			0.5	\$23.43	\$11.72	American
Chain Plastic 15' Short - Lilac	1	1			0.5	\$23.43	\$11.72	American
Chain Plastic 15' Short - Coarl	1	1			0.5	\$23.43	\$11.72	American
Chain Plastic 15' Short - Shamrock Green	₩.	1			0.5	\$23.43	\$11.72	American
Chain Plastic 15' Short - Bubblegum	7	1			0.5	\$23.43	\$11.72	American
Chain Plastic 30' Short - Burgundy	1	1			0.5	\$23.43	\$11.72	American
Chain Plastic 30' Short - Red		1			0.5	\$23.43	\$11.72	American
Chain Plastic 30' Short - Green	ę=I	1			0.5	\$23.43	\$11.72	American
Chain Plastic 30' Short - Pink	1	1			0.5	\$23.43	\$11.72	American
Chain Plastic 30' Short - Purple	1	1			0.5	\$23.43	\$11.72	American
Chain Plastic 30' Short - Dark Orange	1				0.5	\$23.43	\$11.72	American
Gold Brackets					;			
חרז	12	12			9	\$5.91	\$35.46	American
UL2	13	13			6.5	\$5.91	\$38.42	American
UL3	14	14			7	\$5.91	\$41.37	American
UL4	15	15			7.5	\$5.91	\$44.33	American
ULS	12	12			9	\$5.91	\$35.46	American
UR1	12	12			9	\$5.91	\$35.46	American
UR2	11	11			5.5	\$5.91	\$32.51	American
UR3	11	11			5.5	\$5.91	\$32.51	American
UR4	13	13			6.5	\$5.91	\$38,42	American
URS	12	12			9	\$5.91	\$35.46	American
12-2	43	43			21.5	\$5.91	\$127.07	American
เเร	12	12			9	\$5.91	\$35.46	American
1.14	10	10			2	\$5.91	\$29.55	American
ILS	11	11			5.5	\$5.91	\$32.51	American
200	11	11			7 7	¢₹ 01	42254	

				_	,	3	77.X.Y	American
LRS	101	5 5	NAME OF THE PARTY		3 4	53.31	N+1000	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						16:6¢	\$29.33	American
Silver Brackets							20.00	
UIT	15	15			2 1	100	20.00	
1113	CT - CT	7 7			(;)	\$3.05	\$277.88	American
UI3	15	15			٥١	\$3.05	\$18.30	American
	CT C	13			7.5	\$3.05	522.88	American
1112	47	74			12	\$3.05	\$36.60	American
9-1-1	77	21			10.5	\$3.05	\$32.03	American
חרס	25	25			12.5	\$3.05	\$38.13	American
01.7	35	35			17.5	\$3.05	\$53.38	American
URI	12	12			9	\$3.05	\$18.30	American
URZ	11	11			5.5	\$3.05	\$16.78	American
UR3	10	10			5	\$3.05	\$15.25	American
UR4	20	20			10	\$3.05	\$30.50	American
URS	18	18			6	\$3.05	\$27.45	American
UR6	25	25			12.5	\$3.05	\$38.13	American
UR7	32	32			16	\$3.05	\$48.80	American
12-2	37	37			18.5	\$3.05	\$56.43	American
LL3	12	12			9	\$3.05	\$18.30	American
114	13	13			6.5	\$3.05	\$19.83	American
[1]	6	6			4.5	\$3.05	\$13.73	American
ILG	19	19			9.5	\$3.05	\$28.98	American
[[7	23	23			11.5	\$3.05	\$35.08	American
LR3	10	10			2	\$3.05	\$15.25	American
LK4	11	11			5.5	\$3.05	\$16.78	American
LKS	10	10			5	\$3.05	\$15.25	American
LK6	25	25			12.5	\$3.05	\$38.13	American
ראי	25	25			12.5	\$3.05	\$38.13	American
					0		\$0.00	
Kobyashi Hook - 100pk	₩.	-			0.5		\$0.00	American
Preformed Ligature Wire .010 - 1000pk	1	1			0.5		\$0.00	American
Preformed Ligature Wire .011 - 1000pk	1	н			0.5		\$0.00	American
Stainless Steel Bondable Retainers - Kit of 20	त्त	7			0.5		\$0.00	American
E-2 lie lubing .025	m	8	3	m	4.5		\$0.00	American
Unimarc Archwire Marker - 100pk	1	1	2	2	2.5		\$0.00	American
Expansion Screw Smart Swivel Key - Tupk			1	П	1		\$0.00	American
Coll Spring Close Wound	4	4	- -1	1	m		\$0.00	American
Stainless Steel Spring	2	2			2.5		\$0.00	American
Nickel Istanium Open Coil Spring	2	2			1		\$0.00	American
Archwire Sieeve Gray	4	4			2		\$0.00	American
Eagle No Drift Storage Box		1			0.5	\$140.31	\$70.16	American
Eagle No Drift Chairside Cover		1			0.5	\$25.84	\$12.92	American
Eagle No Drift Slippery Card for Prepasted Brackets 50pk	-	~1			0.5	\$39.39	\$19.70	American
Arch Stop Split Crimpable 2mm 18x25 100pk	1	1			0.5	\$64.69	\$32.35	American
Arch Stop Split 2mm 030 Round 100pk	1	44			0.5	\$80.35	\$40.18	American
Ceramic Buttons 10pk	1	-			0.5	\$31.78	\$15.89	American
Lingual Button Flat Pad 10pk	2	2			1	\$22.90	\$22.90	American
Bracket Organizing Sticky Pad 50pk	1	1	₹-1	H	1.5	\$37.32	\$55.98	American
Flastics NFON Bald Fagle 100mk	1 box	г	1 box of 100	-	15	\$40.23	¢50 3r	

Elastics Bald Eagle 100pk	1 box	1			0.5	\$40.23	\$20.12	American	_
Elastics Gorilla 100pk	1 box	17	1 box of 100	1	1.5	\$40.23	\$60.35	American	
Elastics Falcon 100pk	1 box	1	1 box of 100	1	1.5	\$40.23	\$60.35	American	1
Non-Latex Elastics Jellyfish 30pk	1 box				0.5	\$28.14	\$14.07	American	1
Retainer Cases 100pk	0.5	0.5			0.25	\$79.86	\$19.97	American	1
Luer Loc Ultra Band-Lok 5g Syringe - Blue	H	1	4	4	4.5	\$23.00	\$103.50	Reliance	1
Luer Loc Ultra Band-Lok 5g Syringe - Clear	2	2	1	1	2	\$23.00	\$46.00	Reliance	T
Luer Loc 15 Gauge Tips - 60pk	.	+ 1	11	4-1	1.5	\$21.00	\$31.50	Reliance	
Flow Tain Flowable Light Cure Composite w/10									T
Tips	1	1			0.5	\$20.00	\$10.00	Reliance	
Bond-A-Braid Hilgers 6 in lengths - 10pk	₽				0.5	\$35.00	\$17.50	Reliance	1
Assure Plus all Surface Bonding Resin - 6ml									Т-
bottle	\leftarrow	1			0.5	\$83.00	\$41.50	Reliance	
Assure Universal Bonding Resin - 6ml bottle	← 1	1			0.5	\$69.00	\$34.50	Reliance	-T-
						\$6,166.03	\$11,020.14		\$1.382.15
						Donated	\$1,382.15		1
					Clinic Supplies	Total	\$9,637.99		
									·
					Liquidation				T
					factor	0.2	\$1,927.60		
									7
					Office supplies		\$ 100.00		T
									ī
						Grand total	\$2,027.60		T
									1

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Fill in this information to identify the	case:		
Debtor name Lidral Orthodontics			
	WESTERN DISTRICT OF MICHIGAN		
	WESTERN DISTRICT OF MICHIGAN		
Case number (if known)			Check if this is an amended filing
			amended ming
Official Form 206D			
Schedule D: Creditors	Who Have Claims Secured by Pr	operty	12/15
Be as complete and accurate as possible.			
1. Do any creditors have claims secured by			
<u> </u>	age 1 of this form to the court with debtor's other schedules.	Debtor has nothing else to	report on this form.
Yes. Fill in all of the information			
Part 1: List Creditors Who Have S		Column A	Column B
claim, list the creditor separately for each cla	rho have secured claims. If a creditor has more than one secured im.	Amount of claim	Value of collateral
		Do not deduct the value of collateral.	that supports this claim
2.1 UNITED BANK Creditor's Name	Describe debtor's property that is subject to a lien INTIAL PRACTICE LOAN - PERSONAL	\$590,969.60	\$0.00
900 EAST PARIS AVENUE SE	GUARANTEE		
GRAND RAPIDS, MI 49546			
Creditor's mailing address	Describe the lien BUSINESS LOAN Is the creditor an insider or related party?		
	No		
Creditor's email address, if known	Yes		
Date daht was incorred	Is anyone else liable on this claim?		
Date debt was incurred 05/19/17	☐ No ■ Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
Last 4 digits of account number	Tes. Fill out <i>Schedule H. Codebiols</i> (Official Form 2001)		
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply ☐ Contingent		
■ No☐ Yes. Specify each creditor,	☐ Unliquidated		
including this creditor and its relative priority.	☐ Disputed		
2.2 UNITED BANK	Describe debtor's property that is subject to a lien	\$74,792.19	\$0.00
Creditor's Name 900 EAST PARIS AVENUE SE	LINE OF CREDIT - PERSONAL GUARANTEE		
GRAND RAPIDS, MI 49546			
Creditor's mailing address	Describe the lien BUSINESS LOAN Is the creditor an insider or related party?		
	■ No		
Creditor's email address, if known	Yes		
Date debt was incurred	Is anyone else liable on this claim? ☐ No		
05/19/17	Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
Last 4 digits of account number 9111	` '		
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply		

Official Form 206D

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Debtor	Lidral Orthodontics, PLL	.C Ca	se number (if known)		
_		☐ Contingent			
_		<u> </u>			
incl	Yes. Specify each creditor, uding this creditor and its relative rity.	☐ Unliquidated ☐ Disputed			
	S ATTORNEY'S OFFICE	Describe debtor's property that is subject to a lier	1	\$0.00	\$0.00
WI MI	ditor's Name ESTERN DISTRICT OF CHIGAN	FOR NOTICE PURPOSES			
PC GF	ANKRUPTCY SECTION D BOX 208 RAND RAPIDS, MI				
	501-0208 ditor's mailing address	Describe the lien			
		Is the creditor an insider or related party?			
		No			
Cred	ditor's email address, if known	Yes			
Dat	to dobt was incorred	Is anyone else liable on this claim?			
Dat	te debt was incurred	□ No			
Las	st 4 digits of account number	■ Yes. Fill out Schedule H: Codebtors (Official Form	1 206H)		
Do	multiple creditors have an	As of the petition filing date, the claim is:			
	erest in the same property?	Check all that apply			
	No	☐ Contingent			
	Yes. Specify each creditor,	☐ Unliquidated			
	uding this creditor and its relative prity.	☐ Disputed			
<i>1</i> 1 1	S SMALL BUSINESS			\$0.00	\$0.00
Cred	DMIN (SBA) ditor's Name CHIGAN DISTRICT	Describe debtor's property that is subject to a lier FOR NOTICE PURPOSES			Ψ0.00
OF	FICE 7 MICHIGAN AVENUE	-			
SU BL	JITE 515, MCNAMARA .DG				
	ETROIT, MI 48226 ditor's mailing address	Describe the lien			
		Is the creditor an insider or related party?			
Cred	ditor's email address, if known	■ No □ Yes Is anyone else liable on this claim?			
Dat	e debt was incurred	□ No	2221		
Las	st 4 digits of account number	Yes. Fill out Schedule H: Codebtors (Official Form	1 2U6H)		
Do inte	multiple creditors have an erest in the same property?	As of the petition filing date, the claim is: Check all that apply			
	No	Contingent			
incl	Yes. Specify each creditor, uding this creditor and its relative prity.	☐ Unliquidated ☐ Disputed			

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

Official Form 206D

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)	
	Name		
	Iphabetical order any others who must be notified for a debt already listed es of claims listed above, and attorneys for secured creditors.	in Part 1. Examples of entities that may be listed are	e collection agencies,
If no oth	ners need to notified for the debts listed in Part 1, do not fill out or submit the	his page. If additional pages are needed, copy this p	page.
	lame and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
	DANIEL R. KUBIAK		
N	MIKA MEYERS	Line _ 2.1 _	9081
9	000 MONROE AVE NW		
C	GRAND RAPIDS, MI 49503		
	DANIEL R. KUBIAK		
N	MIKA MEYERS	Line 2.2	
9	000 MONROE AVE NW		
	GRAND RAPIDS, MI 49503		

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	•	· ·		
Fill in	this information to identify the case:			
Debto	r name Lidral Orthodontics, PLLC		7	
United	States Bankruptcy Court for the: WESTER	RN DISTRICT OF MICHIGAN		
Case	number (if known)		☐ Check if	f this is an ed filing
Ott:	oial Form 206E/E			
	<u>cial Form 206E/F</u>	o Have Unsecured Claims		40/45
Be as c List the Person	omplete and accurate as possible. Use Part 1 fo other party to any executory contracts or unex al Property (Official Form 206A/B) and on Scheo boxes on the left. If more space is needed for F	or creditors with PRIORITY unsecured claims and Part 2 for creditive pired leases that could result in a claim. Also list executory contradule G: Executory Contracts and Unexpired Leases (Official Form Part 1 or Part 2, fill out and attach the Additional Page of that Part	acts on <i>Schedule A/B: A</i> 206G). Number the enti	Assets - Real and
1.	Do any creditors have priority unsecured claim	s? (See 11 U.S.C. § 507).		
	☐ No. Go to Part 2.	(30.000.000.000.000)		
	Yes. Go to line 2.			
2.	List in alphabetical order all creditors who hawith priority unsecured claims, fill out and attach to	ve unsecured claims that are entitled to priority in whole or in particle Additional Page of Part 1.		
			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Alcala, Sara 12066 Pine Cove Dr Rockford, MI 49341	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	_	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No		
	andocarda cianni. 11 c.c.c. 3 cor (a) (1)	Yes		
2.2	Priority creditor's name and mailing address Allen, Lisa 4651 Hidden Highland Dr NE Rockford, MI 49341	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	_	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No		
		☐ Yes		

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Debtor		Case number (if known)		
	Name			
2.3	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Alvarez, Lisa Marie	Check all that apply.		
	6838 Fox Meadows NE	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	_	
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
	1			
2.4	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Anderson, Michael	Check all that apply. ☐ Contingent		
	14155 Algoma Ave	☐ Contingent ☐ Unliquidated		
	Cedar Springs, MI 49319	·		
		Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	Date of dates dest was mounted	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	y	_		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No		
	٠ ٠ ٠ ٠	Yes		
	_			
2.5	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Annese, Alexandra	Check all that apply.		
	820 Rolling Creek	Contingent		
	Lowell, MI 49321	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	_	
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
	1			
2.6	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown	Unknown
	Banks, Richard 5707 Kies	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
	Nockiola, Wil 49341	☐ Disputed		
		_ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	, ■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.7	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Barcume, Troy	Check all that apply.		
	923 Bjornson St.	Contingent		
	Big Rapids, MI 49307	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	Yes		
-				
2.8	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Bayink, Michelle	Check all that apply.		
	9311 Bay Harbor	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	<u> </u>		
	unsecured claim: 11 U.S.C. § 507(a) (7)	No		
		Yes		
0.0	In	A CH SHE CH LA H LI I		
2.9	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Bedard, Sarah 3963 Denali Dr	Check all that apply. ☐ Contingent		
	Hudsonville, MI 49426	☐ Unliquidated		
	nuusonvine, wii 49420	☐ Disputed		
		- Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No		
	unsecured claim. 11 0.3.0. § 307(a) (<u>r</u>)	☐ Yes		
2.10	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Behrenwald, Christine	Check all that apply.		
	316 Daylily Dr	Contingent		
	Sand Lake, MI 49343	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)	☐ Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
0.44	Name	A - fab	Halmanna	Halmanna
2.11	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown	Unknown
	Besser, Dan 3261 Eastern NE	☐ Contingent		
	Grand Rapids, MI 49525	☐ Unliquidated		
	Grand Napids, Wil 43323	☐ Disputed		
		L Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		
		☐ res		
0.40	las a la l	A for the first of the first	11-1	
2.12	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Bishop, Abigail	Check all that apply. ☐ Contingent		
	985 E. Beltline Ave NE	☐ Unliquidated		
	Grand Rapids, MI 49525			
		Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY	No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		☐ Yes		
	1			
2.13	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Bissell, Laurie	Check all that apply.		
	7897 Silver Hills	☐ Contingent		
	Rockford, MI 49341	Unliquidated		
		Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
2.14	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Blakeslee, Rachel	Check all that apply. ☐ Contingent		
	8347 Cowan Lk Dr NE	☐ Unliquidated		
	Rockford, MI 49341			
		Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		☐ Yes		

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Debtor		Case number (if known)		
2.15	Name Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Booth, Benjamin	Check all that apply.		
	5591 Coit Ave NE	Contingent		
	Grand Rapids, MI 49525	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)	Yes		
2.16	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Bosscher, Erica	Check all that apply.		
	6215 Kuttshill	Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	Yes		
2.17	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Boyd, Jamison	Check all that apply.		<u> </u>
	3552 Keswick	☐ Contingent		
	Belmont, MI 49306	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		
	1			
2.18	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Bray, Charles	Check all that apply.		
	9591 Arrowcrest 49341	Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		
		□ res		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.19	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Brewer, Amanda	Check all that apply.		
	12023 Russell Ridge	Contingent		
	Cedar Springs, MI 49319	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	bate of dates debt was incurred	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	□ Yes		
2.20	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Bricker, Meredith	Check all that apply.		
	6675 Twins Springs Ct	Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	- Basis for the claim:		
	Date of dates dest was medited	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	_		
		☐ Yes		
2.21	Drivetty and itaria name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2.21	Priority creditor's name and mailing address	Check all that apply.	Ulikilowii	Ulikilowii
	Bristol, Kimberly 4994 Castle Hill Ct	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
	,	Disputed		
		-		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)	□ Yes		
		☐ res		
2.22	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Brown, Michelle	Check all that apply.		
	6367 Gran Via Dr. NE	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	Date of dates debt was incurred	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	, ■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)			
		☐ Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.23	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Burns, Jeffrey	Check all that apply.		
	3493 Knollwood	Contingent		
	Rockford, MI 49341	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	Date of dates dest was mounted	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	Yes		
2.24	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Campbell, Jeffrey	Check all that apply.		
	6081 Brianna Way	Contingent		
	Howard City, MI 49329	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	24.0 0. 44.00 402	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
2.25	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2.20	Carlson, Michael	Check all that apply.	Olikilowii	Olikilowii
	6440 Fox Run	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
	110011014, 1111 40041	☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)			
		☐ Yes		
2.26	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Castillo, Judith	Check all that apply.		
	6039 Coan Rd	☐ Contingent		
	Sand Lake, MI 49343	☐ Unliquidated		
		☐ Disputed		
		-		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		☐ Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
0.07	Name	A - fab	Halmanna	Halmanna
2.27	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown	Unknown
	Cavasin, Kelly	☐ Contingent		
	7852 Ella Terrace Dr NE			
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)	Yes		
2.28	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Cilek, Steve	Check all that apply.		
	8415 Je-Ne-Be	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
		_		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		
		163		
2.29	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Cone, Shannon	Check all that apply.		<u> </u>
	15750 Keller Ave	☐ Contingent		
	Sand Lake, MI 49343	☐ Unliquidated		
		☐ Disputed		
		· -		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
			-	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No		
	unscouled diam. 11 0.0.0. § 007(a) (<u>r</u>)	Yes		
2.30	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Cowin, Michael	Check all that apply.		
	7880 Peterson	Contingent		
	Rockford, MI 49341	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		☐ Yes		

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Debtor	=:a:a: 0:::::000:::::00; : ==0	Case number (if known)		
0.04	Name			
2.31	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Crater, Tricia	Check all that apply.		
	2041 West 120th St	☐ Contingent		
	Grant, MI 49327	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)	Yes		
2.32	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Cruden, John	Check all that apply.		
	6492 Foxtail Meadows	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
	,	☐ Disputed		
		· -		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		
		L 163		
2.33	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2.55		Check all that apply.	Ulikilowii	Olikilowii
	Culver, Melissa 21423 Kristen Blvd	☐ Contingent		
	Pierson, MI 49339	☐ Unliquidated		
	1 1013011, 1111 43000	☐ Disputed		
		_ Bisputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		
		1 165		
2.34	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Cummings, Brian	Check all that apply.	Olikilowii	Olikilowii
	11700 Crystal Ridge Dr	☐ Contingent		
	Sparta, MI 49345	☐ Unliquidated		
	oparta, ini 40040	☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	□ Yes		
		□ 162		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
0.05	Name	A CHARLES CO. LA HALLS	11-1	
2.35	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown	Unknown
	Dahlquist, Brian 10434 Shaner Ave	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
	Nockioia, IIII 49541	☐ Disputed		
		□ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)	☐ Yes		
		☐ res		
0.00	las a la l	A for the first of the first	11-1	
2.36	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Davison, Nichole	Check all that apply. ☐ Contingent		
	1230 Buth Dr NE Comstock Park, MI 49321	☐ Unliquidated		
	Comstock Park, Wii 49321			
		Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY	_		
	unsecured claim: 11 U.S.C. § 507(a) (7)	■ No		
		☐ Yes		
2.37	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Dawson, Beth	Check all that apply.		
	7221 Loma Linda Ct NE	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)	□ Yes		
		☐ Yes		
0.00	las a la l	A for the first of the first	11-1	
2.38	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown	Unknown
	DeBruine, Randall 2999 Cooks Creek Dr NE	☐ Contingent		
	Grand Rapids, MI 49525	☐ Unliquidated		
	Grand Rapids, Wil 49525			
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		☐ Yes		

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Debtor		Case number (if known)		
	Name			
2.39	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Dekraker, Diane	Check all that apply.		
	10593 Edgerton Ave NE	Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
		_		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
	1			
2.40	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	DelVescovo, Christina	Check all that apply.		
	555 7th St NW Apt 407C	☐ Contingent		
	Grand Rapids, MI 49504	☐ Unliquidated		
	• •	☐ Disputed		
		_		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
	1			
2.41	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	DeMan, Christy	Check all that apply.		
	9444 Courtland	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	Date of dates debt was incurred	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	•		
	unsecured claim: 11 U.S.C. § 507(a) (7)	No		
	3 3 3 4 (4, (_)	Yes		
	1			
2.42	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	DeNardo, Colleen	Check all that apply.		
	7167 Tramore Ct NE	☐ Contingent		
	Belmont, MI 49306	☐ Unliquidated		
	,	☐ Disputed		
		· -		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		□ Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.43	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Derby, Jessica	Check all that apply.		
	4111 Arthur ST. E	Contingent		
	Coopersville, MI 49404	Unliquidated		
		☐ Disputed		
	Data and data dalat was in succession	- Designation also		
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)			
		Yes		
0.44	In	A CH ST CO LA CL C	11	
2.44	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Dikeman, Andrew	Check all that apply.		
	8755 Camelot	☐ Contingent		
	Rockford, MI 49341	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	Date of dates debt was incurred	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		☐ Yes		
0.45				
2.45	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Dornan, Brenda	Check all that apply.		
	6089 Egypt Forrest	Contingent		
	Rockford, MI 49341	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		
		Li Tes		
2.46	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Drehs, Roger	Check all that apply.		
	3295 Park Ridge Lane NE	☐ Contingent		
	Grand Rapids, MI 49525	☐ Unliquidated		
	Orana Napids, iiii 43023	☐ Disputed		
		- Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	□Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.47	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Duvall, Patrick	Check all that apply.		
	6845 Woodhills Dr	Contingent		
	Rockford, MI 49341	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)	Yes		
2.48	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Dyga, Nicholas	Check all that apply.		
	1237 Colorado Ave SE	☐ Contingent		
	Grand Rapids, MI 49506	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	- Basis for the claim:		
	24.0 0. 44.00 4021 1140 1154.1164	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	□ Yes		
		☐ Yes		
2.49	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2	Earnest, Sarah	Check all that apply.	Olikilowii	OHRHOWH
	11726 Echo Ridge Dr	Contingent		
	Sparta, MI 49345	☐ Unliquidated		
	•	☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	Date of dates dest was mounted	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		
		L 165		
2.50	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Edgeington (Ellison), Miranda	Check all that apply.		
	9584 Fletcher Road	☐ Contingent		
	Greenville, MI 48838	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	- Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)	☐ Yes		
		= . • •		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.51	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Eudy, Terri	Check all that apply.		
	8009 Courtland Dr Ne	Contingent		
	Rockford, MI 49341	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	Date of dates debt was incurred	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)			
		☐ Yes		
2.52	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Evans, Lawrence	Check all that apply.		
	8914 Howard City Edmore Rd	Contingent		
	Lakeview, MI 48850	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	Date of dates dobt mac meaning	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
0.50	1			
2.53	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Falatic, Nicole	Check all that apply. ☐ Contingent		
	153 Glane Eagle Rockford, MI 49341	☐ Unliquidated		
	ROCKIOIU, IVII 4934 I	☐ Disputed		
		Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)	Yes		
2.54	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Feldkamp, James	Check all that apply.		
	9429 Stone View Dr NE	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
	·	☐ Disputed		
		_		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Look 4 digits of co			
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No		
	2 200 3 200 (2)	Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
0.55	Name			
2.55	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown	Unknown
	Ferwerda, Holly	☐ Contingent		
	5376 Harvest Moon Ct	☐ Unliquidated		
	Belmont, MI 49306			
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	_	
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		
		— 165		
2.56	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2.30	-	Check all that apply.	Olikilowii	Olikilowii
	Fifield, Jackie 333 Lantern Dr NW	☐ Contingent		
		_		
	Comstock Park, MI 49321	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	Date of dates dept was medited	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	_	
	Specify Code subsection of PRIORITY	_		
	unsecured claim: 11 U.S.C. § 507(a) (7)	■ No		
		☐ Yes		
2.57	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Fisk, Felicia	Check all that apply.		
	640 22 Mile Rd NE	Contingent		
	Sand Lake, MI 49343	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	_	
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)			
		Yes		
0.50				
2.58	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown	Unknown
	Fleet, Sue			
	7612 20 Mile Rd	☐ Contingent		
	Sand Lake, MI 49343	☐ Unliquidated		
		Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	□ Yes		
		□ 162		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.59	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Fountain, Mary	Check all that apply.		
	440 Summit Ave	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
	<u> </u>	-		
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
2.60	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2.00		Check all that apply.	Olikilowii	Olikilowii
	Franz, Alexander	_		
	10870 Green Timbers St.	Contingent		
	Greenville, MI 48838	☐ Unliquidated		
		☐ Disputed		
		-		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
		- <u> </u>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)	Yes		
-				
2.61	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Fries, Peter	Check all that apply.		
	7363 96th Street	☐ Contingent		
	Howard City, MI 49329	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
0.60	Delegate and discolar and an ellipse and deserve	A - f sh - m stitler filler and sh - all in it.	University	Haden avva
2.62	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Gale, Jay	Check all that apply.		
	17055 Uncle Willie	☐ Contingent		
	Cedar Springs, MI 49319	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	Date or dates debt was incurred			
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	<u> </u>	<u> </u>		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No □ Yes		

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Debtor		Case number (if known)		
	Name			
2.63	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Gilding, Sara	Check all that apply.		
	6936 Myers View Court	Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
		-		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
				
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No		
	ancecared claim. 11 e.e.e. 3 cor(a) (<u>r</u>)	Yes		
0.04	10	A file of the last terms		
2.64	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Gill, Nic	Check all that apply.		
	600 10 Mile Rd	Contingent		
	Comstock Park, MI 49321	☐ Unliquidated		
		☐ Disputed		
	B. I. III	- -		
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	•	<u> </u>		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No		
	a	Yes		
0.05	1			
2.65	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Glover, Sue & Greg	Check all that apply.		
	236 Arbor Dr	Contingent		
	Rockford, MI 49341	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
2.66	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Gorney, Joe	Check all that apply.		
	8700 Pleasant Meadows	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
	Nockiola, iiii 43341	☐ Disputed		
		□ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)			
		□ Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.67	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Grant, Edward	Check all that apply.		
	9230 Marabella Dr NE	Contingent		
	Rockford, MI 49341	Unliquidated		
		☐ Disputed		
	Data and data dalat was in succession	- Designation also		
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)	□ Yes		
		Li Tes		
2.68	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2.00	Grice, Elizabeth	Check all that apply.	Ommown	Omaiown
	2898 Indian Lakes Rd	☐ Contingent		
	Cedar Springs, MI 49319	☐ Unliquidated		
	Octual Opinigs, iiii 43013	☐ Disputed		
		□ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
2.69	Drivity available name and mailing address	As of the notition filing date the plain in	Unkneum	Unknessen
2.09	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown	Unknown
	Grinnell, Denise	☐ Contingent		
	7020 Fox Meadow DR NE			
	Rockford, MI 49341	Unliquidated		
		Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)	☐ Yes		
2.70	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Grove, Troy and Sarah	Check all that apply.		
	602 Silver Birch	☐ Contingent		
	Howard City, MI 49329	☐ Unliquidated		
	1.0.1.a. a. 0.1.y, 10020	☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No		
	a555a.6a 6iaiii. 11 6.6.6. 3 501(a) (<u>r</u>)	□Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
2.71	Name Priority creditor's name and mailing address Hallman, Michelle	As of the petition filing date, the claim is: Check all that apply.	Unknown	Unknown
	9544 128th St	☐ Contingent ☐ Unliquidated		
	Sand Lake, MI 49343	☐ Disputed		
		_ 5.0pa.ca -		
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	Yes		
2.72	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Hammer, Bill	Check all that apply.		
	17575 McPhail	☐ Contingent		
	Cedar Springs, MI 49319	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	Yes		
2.73	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Hanes, Joshua	Check all that apply.		
	4926 15 Mile Rd NE	Contingent		
	Cedar Springs, MI 49319	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)	Yes		
2.74	1 Delinitary and the state of t	A - of the condition filling data the plains in	Unknown	Unknown
2.74	Priority creditor's name and mailing address Hanson, John	As of the petition filing date, the claim is: Check all that apply.	Unknown	Unknown
	3369 Blue Water Pine Dr NE	☐ Contingent		
	Grand Rapids, MI 49535	☐ Unliquidated		
	• /	☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	□Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
0.75	Name	A - fab	Halmanna	Halmanna
2.75	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown	Unknown
	Harkness, Kimberly 8924 Loveless Dr.	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
	Nockioia, IIII 49541	☐ Disputed		
		□ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)	□ Yes		
		☐ Yes		
2.76	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Helton, Treverlyn	Check all that apply.		
	10445 Walander NE	☐ Contingent		
	Cedar Springs, MI 49319	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	Date of dates dest was incurred	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	•	_		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No		
		Yes		
2.77	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Hendee, Heather	Check all that apply.		
	4415 21 Mile Rd	☐ Contingent		
	Sand Lake, MI 49343	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	24.0 0. 44.00 40246464	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
2.78	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Hendges, Rick	Check all that apply.		
	23075 Keneaville Rd	☐ Contingent		
	Pierson, MI 49339	Unliquidated		
		Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	_	
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
	- · · · 	☐ Yes		

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Debtor		Case number (if known)		
2.79	Name Priority creditor's name and mailing address Herrington, Angela 5115 Shinnecok Hills Dr NW Comstock Park, MI 49321	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	_	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No □ Yes		
2.80	Priority creditor's name and mailing address Hess, Jenna 6727 Wildwood Lane Cedar Springs, MI 49319	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	_	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No □ Yes		
2.81	Priority creditor's name and mailing address Hill, Carrie 4669 Woodvalley Ct NE Rockford, MI 49341	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? ■ No □ Yes	-	
2.82	Priority creditor's name and mailing address Hill, William 4669 Woodvalley Ct NE Rockford, MI 49341	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)	_	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? ■ No □ Yes	-	

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.83	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Himmelspach, Jake	Check all that apply.		
	316 Summitt Ave	Contingent		
	Rockford, MI 49341	Unliquidated		
		☐ Disputed		
	Data and data dahtura in sunad	- Denie fandles steins		
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)	□ Yes		
		□ 165		
2.84	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2.01	Huffman, Andy	Check all that apply.	Olikilowii	Olikilowii
	1658 N Bay Dr	☐ Contingent		
	Hudsonville, MI 49426	☐ Unliquidated		
	Tiddsoffville, Wil 49420	☐ Disputed		
		□ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	_		
		☐ Yes		
0.05				
2.85	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Hull, Brian	Check all that apply. ☐ Contingent		
	2244 Broken Arrow St			
	Cedar Springs, MI 49319	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		
2.86	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Hulliberger, Reba	Check all that apply.	Omaiowiii	Omaiowii
	11871 New Costa	☐ Contingent		
	Sand Lake, MI 49343	☐ Unliquidated		
	Jana Lake, iiii 100 io	☐ Disputed		
		_ 5/6parou		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No		
	413000160 0101111. 11 0.3.0. § 301(a) (<u>1</u>)	□Yes		

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Debtor		Case number (if known)		
	Name			
2.87	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Jacobson, Charles	Check all that apply.		
	7877 Squires Ct. NE	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
		_		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)	☐ Yes		
0.00	1 Datable	As of the position filling data the element.	Unknavin	Halmanı
2.88	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Jakiemiec, Jim	Check all that apply.		
	7170 Concolor Drive	Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	Date of dates dest was insured	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
2.89	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2.00	, -	Check all that apply.	Olikilowii	Olikilowii
	Janssens, Kyle 5270 Surf Dr	☐ Contingent		
	Rockford, MI 49341	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)			
		Yes		
2.90	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Johnson, Jana	Check all that apply.		
	11841 Summit NE	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
	ROCKIOIU, IVII 4934 I			
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		□ Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
0.04	Name			
2.91	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Johnson, Jasmin	Check all that apply. ☐ Contingent		
	304 Lewis Rockford, MI 49341	☐ Unliquidated		
	Nockiola, ivii 49541	☐ Disputed		
		□ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)	□Yes		
2.92	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2.02	Johnston, Ashley	Check all that apply.	<u> </u>	<u> </u>
	1114 Griswold St SE	☐ Contingent		
	Grand Rapids, MI 49507	☐ Unliquidated		
		☐ Disputed		
		_		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		
		☐ Yes		
2.93	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2.95		Check all that apply.	Ulikilowii	Olikilowii
	Jones, Amanda 7978 Sequoya Trail	☐ Contingent		
	Howard City, MI 49329	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		
		1 163		
2.94	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2.34	, ,	Check all that apply.	Ulikilowii	Ulikilowii
	Karas, April 8276 Tartan Way NE	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
	Nockiola, iiii 43041	☐ Disputed		
		5.5patoa		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	, ■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		☐ Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.95	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Karulf, Matthew	Check all that apply.		
	2510 Shears Crossings Ct NE	Contingent		
	Grand Rapids, MI 49525	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		
		□ 165		
2.96	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2.50	Kasper, Mary Ruth	Check all that apply.	Olikilowii	Olikilowii
	6745 Fox Run	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
	moon or a, mi noon	☐ Disputed		
		_ 5.054.00		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	□Yes		
2.97	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2.07	Keller, Amanda	Check all that apply.	Olikilowii	Olikilowii
	6700 Pleasant View St NE	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
	,	☐ Disputed		
		-		
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
0.00	D: 2	A file of the file	Hadaa aaaa	
2.98	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Kendall, Matthew 16276 Northland Dr	Check all that apply. ☐ Contingent		
	Sand Lake, MI 49343	☐ Unliquidated		
	Salid Lake, Mil 49343	☐ Disputed		
		- Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)	□Yes		
		= ·••		

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Name	Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
Khan, Jeaul Contingent Co		Name			
1135 Carrier Creek Blvd NE Cantingent Cardinagent	2.99	_	-	Unknown	Unknown
Grand Rapids, MI 49504 Date or dates debt was incurred Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. \$507(a) [7] Portry creditors name and mailing address Knapp, Phil 2583 13 Mile Road Rockford, MI 49341 Date or dates debt was incurred Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. \$507(a) [7] Priority creditors name and mailing address Knowles, Kathryn 3590 Jacobs Corner Rockford, MI 49341 Date or dates debt was incurred Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. \$507(a) [7] Date or dates debt was incurred Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Last 4 digits of account number Specify Code subsection of PRIORITY unsecured date: 11 U.S.C. \$507(a) [7] Priority creditor's name and mailing address Kramer, Amy 7395 10 Mile Rd Rockford, MI 49341 Date or dates debt was incurred Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Last 4 digits of account number Specify Code subsection of PRIORITY unsecured date: 11 U.S.C. \$507(a) [7] No Unknown Chick all that apply. Specify Code subsection of PRIORITY Unsecured date: 11 U.S.C. \$507(a) [7] Specify Code subsection of PRIORITY Specify Code s			_		
Date or dates debt was incurred					
Date or dates debt was incurred Date or dates debt was incurred Date		Grand Rapids, MI 49504	☐ Unliquidated		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Is the claim subject to offset? Is the claim size of the petition filing date, the claim is: Unknown U			☐ Disputed		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Is the claim subject to offset? Is the claim size of the petition filing date, the claim is: Unknown U			_		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. \$ 507(a) (7) Town Town Town Town Town		Date or dates debt was incurred			
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2) Total Priority creditors name and mailing address Party					
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) As of the petition filing date, the claim is: Check all that apply,			PARTY)		
Specify Code subsection of PRIGRITY unsecured claim: 11 U.S.C. § 507(a) (Z) As of the petition filing date, the claim is: Unknown		Last 4 digits of account number	Is the claim subject to offset?		
2.100 Priority creditor's name and mailing address Sas 13 Mile Road Contingent Conting		Specify Code subsection of PRIORITY	No		
As of the petition filing date, the claim is: Check all that apply: Contingent Check all that apply: Check		unsecured claim: 11 U.S.C. § 507(a) (7)			
Chock all that apply: 2583 13 Mile Road Contingent			⊔ Yes		
Chock all that apply: 2583 13 Mile Road Contingent					
Contingent Con	2.100	-		Unknown	Unknown
Date or dates debt was incurred Disputed		Knapp, Phil	_		
Date or dates debt was incurred Date or dates debt was incurred Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 607(a) (7) Priority creditor's name and mailing address Knowles, Kathryn 3590 Jacobs Corner Rockford, MI 49341 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Priority creditor's name and mailing address Kramer, Amy 7395 10 Mile Rd Rockford, MI 49341 Date or dates debt was incurred Date or dates debt		2583 13 Mile Road	☐ Contingent		
Date or dates debt was incurred Date or dates debt was incurred Basis for the claim: ORTHODNTIC PATIENT (OR RESPONSIBLE PARTY)		Rockford, MI 49341	☐ Unliquidated		
Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Date or dates debt was incurred Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Date or dates debt was incurred Date or date			☐ Disputed		
Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Date or dates debt was incurred Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Date or dates debt was incurred Date or date			· -		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (?) Is the claim subject to offset? No		Date or dates debt was incurred			
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Priority creditor's name and mailing address Knowles, Kathryn 3590 Jacobs Corner Rockford, MI 49341 Date or dates debt was incurred Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Priority creditor's name and mailing address Kramer, Amy 7395 10 Mile Rd Rockford, MI 49341 Date or dates debt was incurred Basis for the claim: OR THODONTIC PATIENT (OR RESPONSIBLE PARTY) Last 4 digits of account number Specify Code subsection of PRIORITY Unsecured claim: 10 U.S.C. § 507(a) (7) In No Unknown U			ORTHODONTIC PATIENT (OR RESPONSIBLE		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) Yes			PARTY)		
2.101 Priority creditor's name and mailing address As of the petition filing date, the claim is: Unknown Unknown		Last 4 digits of account number	Is the claim subject to offset?		
2.101 Priority creditor's name and mailing address As of the petition filing date, the claim is: Unknown Unknown		Specify Code subsection of PRIORITY	■ Ma		
Priority creditor's name and mailing address As of the petition filling date, the claim is:					
Knowles, Kathryn 3590 Jacobs Corner Rockford, MI 49341 Date or dates debt was incurred Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Priority creditor's name and mailing address Kramer, Amy 7395 10 Mile Rd Rockford, MI 49341 Date or dates debt was incurred Basis for the claim is: Check all that apply. Check all that apply. Check all that apply. Contingent Unknown			☐ Yes		
Knowles, Kathryn 3590 Jacobs Corner Rockford, MI 49341 Date or dates debt was incurred Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Priority creditor's name and mailing address Kramer, Amy 7395 10 Mile Rd Rockford, MI 49341 Date or dates debt was incurred Basis for the claim is: Check all that apply. Check all that apply. Check all that apply. Contingent Unknown					
Contingent	2.101	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
Rockford, MI 49341 Date or dates debt was incurred Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Priority creditor's name and mailing address Kramer, Amy 7395 10 Mile Rd Rockford, MI 49341 Date or dates debt was incurred Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Is the claim subject to offset? Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) No		Knowles, Kathryn			
Date or dates debt was incurred Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Priority creditor's name and mailing address Kramer, Amy 7395 10 Mile Rd Rockford, MI 49341 Date or dates debt was incurred Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? In the claim subject to offset?		3590 Jacobs Corner	☐ Contingent		
Date or dates debt was incurred Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Priority creditor's name and mailing address Kramer, Amy 7395 10 Mile Rd Rockford, MI 49341 Date or dates debt was incurred Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? In the claim subject to offset?		Rockford, MI 49341	☐ Unliquidated		
Date or dates debt was incurred Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Priority creditor's name and mailing address Kramer, Amy 7395 10 Mile Rd Rockford, MI 49341 Date or dates debt was incurred Date or dates debt was incurred Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) ORTHODONTIC PATIENT (OR RESPONSIBLE No offset? No No			☐ Disputed		
Date or dates debt was incurred Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Priority creditor's name and mailing address Kramer, Amy 7395 10 Mile Rd Rockford, MI 49341 Date or dates debt was incurred Date or dates debt was incurred Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) ORTHODONTIC PATIENT (OR RESPONSIBLE No offset? No No			-		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Is the claim subject to offset? No		Date or dates debt was incurred			
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Priority creditor's name and mailing address Kramer, Amy 7395 10 Mile Rd Rockford, MI 49341 Date or dates debt was incurred Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Is the claim subject to offset? Is the claim subject to offset? Is the claim subject to offset? No No					
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Priority creditor's name and mailing address Kramer, Amy 7395 10 Mile Rd Rockford, MI 49341 Date or dates debt was incurred Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		Look 4 digita of account number	<u>-</u>		
Yes		-	•		
2.102 Priority creditor's name and mailing address Kramer, Amy 7395 10 Mile Rd Rockford, MI 49341 ☐ Contingent ☐ Unliquidated ☐ Disputed Date or dates debt was incurred ☐ Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) □ Yes Unknown Unknown Unknown Unknown Unknown			■ No		
Kramer, Amy 7395 10 Mile Rd Rockford, MI 49341 Date or dates debt was incurred Date or dates debt was incurred Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		unscouled claim. 11 0.0.0. 3 307(a) (<u>r</u>)	Yes		
Kramer, Amy 7395 10 Mile Rd Rockford, MI 49341 Date or dates debt was incurred Date or dates debt was incurred Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)					
Kramer, Amy 7395 10 Mile Rd Rockford, MI 49341 Date or dates debt was incurred Date or dates debt was incurred Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	2.102	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
7395 10 Mile Rd Rockford, MI 49341 Date or dates debt was incurred Date or dates debt was incurred Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		Kramer Amy	Check all that apply.		
Pate or dates debt was incurred Date or dates debt was incurred Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Unliquidated Disputed Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? No			☐ Contingent		
Date or dates debt was incurred Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Disputed Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? No					
Date or dates debt was incurred Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? No		110011014, IIII 40041			
ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Is the claim subject to offset? No			□ Disputed		
ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Is the claim subject to offset? No		Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) PARTY) Is the claim subject to offset? No					
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7) Is the claim subject to offset? No			-		
Specify Code subsection of PRIORITY No unsecured claim: 11 U.S.C. § 507(a) (7)	•	Last 4 digits of account number			
unsecured claim: 11 U.S.C. § 507(a) (7)		-	_		
□ Yes					
		<u> </u>	☐ Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
0.400	Name			
2.103	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Krueger, Carolyn	Check all that apply.		
	10115 Seven Mile Rd	Contingent		
	Rockford, MI 49341	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
-		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	Yes		
2.104	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2.101	Kuzma, Matthew	Check all that apply.	Olikilowii	OHRHOWH
	4668 Hidden Highland Dr	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
	Nockiola, Wii 43341	☐ Disputed		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		☐ Yes		
2.105	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Lamoreaux, Meranda	Check all that apply.	<u> </u>	<u> </u>
	12334 Plantation Ct	☐ Contingent		
	Belding, MI 48809	☐ Unliquidated		
		☐ Disputed		
-	Data and data daht was in sugard	- Desir for the eleien.		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
-	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		☐ Yes		
2.106	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Landis, Kate	Check all that apply.		
	612 Highlander Dr	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
		· -		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	· ·	<u> </u>		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No		
	· - 0 (-) (_)	Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
2.107	Name Priority creditor's name and mailing address Leasher, Larry 5881 13 Mile Road Rockford, MI 49341	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No □ Yes		
2.108	Priority creditor's name and mailing address LeBlanc, Kerrie 135 Kara Ct Rockford, MI 49341	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No □ Yes		
2.109	Priority creditor's name and mailing address Lefferts, Randy 153 Waxwing Ct Cedar Springs, MI 49319	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? ■ No □ Yes	-	
2.110	Priority creditor's name and mailing address Lewis, Mispar 3127 Royal hanna Dr Ne Rockford, MI 49341	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)	_	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? ■ No □ Yes	-	

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
2.111	Priority creditor's name and mailing address Lewis, Richard 9423 East 56th St Newaygo, MI 49337	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	_	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No □ Yes		
2.112	Priority creditor's name and mailing address ANDREW C. LIDRAL 6269 Hazelgreen Dr. N.E. ROCKFORD, MI 49341-7797	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$267,708.00	\$267,708.00
	Date or dates debt was incurred 2019-2020	Basis for the claim: \$240,000.00 UNPAID SALARY \$27,708.00 UNREIMBURSED EXPENSES		
	Last 4 digits of account number	Is the claim subject to offset?	_	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	■ No □ Yes		
2.113	Priority creditor's name and mailing address Linebaugh, Jeremy 9804 Coyote Trail Dr Belding, MI 48809	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? ■ No □ Yes	_	
2.114	Priority creditor's name and mailing address Litzan, Steve 2259 Tradition Ne Grand Rapids, MI 49505	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)	_	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? ■ No □ Yes	_	

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
2.115	Name Priority creditor's name and mailing address Liu, Jayna	As of the petition filing date, the claim is: Check all that apply. Contingent	Unknown	Unknown
	4100 Cannon Hills Ct ADA, MI 49301	☐ Contingent ☐ Unliquidated ☐ Disputed		
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No □ Yes		
2.116	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown	Unknown
	Lumley, Samatha 9615 10 Mile Rd	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		
2.117	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	MacLachlan, Duncan	Check all that apply.		
	6914 Verde Vista Dr Rockford, MI 49341	☐ Contingent ☐ Unliquidated		
	Nockiola, iii 43341	☐ Disputed		
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		
2.118	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Malek, Vanessa	Check all that apply.		
	6510 Egypt Valley Rockford, MI 49341	☐ Contingent ☐ Unliquidated		
	Nockiola, iii 43341	☐ Disputed		
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No		
	unsecuted claim. 11 0.3.0. 9 307(a) (I)	☐ Yes		

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Debtor		Case number (if known)		
	Name			
2.119	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Mangione, Gregory	Check all that apply.		
	7205 Rolling Highland Ct NE	Contingent		
	Belmont, MI 49306	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	Date of dates debt was incurred	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
0.400	1 Delevites and district an arrange and an attitude and address	A - of the mostation filters along the other in-	Halmann	University
2.120	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Marcero, Traci	Check all that apply.		
	273 West Divison NE	☐ Contingent		
	Rockford, MI 49341	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
2.121	Priority creditor's name and mailing address	As of the notition filling data, the claim is:	Unknown	Unknown
2.121	J	As of the petition filing date, the claim is: Check all that apply.	Ulikilowii	Ulikilowii
	Marshal, Angie 12135 Ritchie	☐ Contingent		
	Cedar Springs, MI 49319	☐ Unliquidated		
	Cedar Springs, wii 49319	☐ Disputed		
		□ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		
		☐ Yes		
2.122	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Martin, Krista	Check all that apply.	<u> </u>	- Cintalowii
	10439 Holland Lake Rd	☐ Contingent		
	Greenville, MI 48838	☐ Unliquidated		
	Ciccitanic, ini 40000	☐ Disputed		
		_ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		□ Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
2.422	Name		Undersource	Halmanna
2.123	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown	Unknown
	May, Suzanne 324 Creekside Dr	☐ Contingent		
	Coopersville, MI 49404	☐ Unliquidated		
	Coopersville, iiii 49404	☐ Disputed		
		□ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY	, ■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)	□ Yes		
		☐ Yes		
2.124	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	McCrumb Jr., Thomas	Check all that apply. ☐ Contingent		
	313 #7 Clark St.			
	Lakeview, MI 48850	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	Date of dates dest was incurred	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	· ·	· ·		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No		
		Yes		
2.125	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	McCrumb, Madison	Check all that apply.		
	935 Harrison Ct	☐ Contingent		
	Lansing, MI 48917	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	24.0 0. 44.00 402. 1140 11.041.104	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
2.126	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	McInnis, Lori	Check all that apply.		
	1770 15 Mile Rd	☐ Contingent ☐ Unliquidated		
	Sparta, MI 49345	_ ·		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
	- · · · · · · · · · · · · · · · · · · ·	☐ Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
0.407	Name			
2.127	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	McKee, Sandra	Check all that apply.		
	7166 Larned	Contingent		
	Belding, MI 48809	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		
2.128	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2.120	,	Check all that apply.	Olikilowii	Ulikilowii
	McWilliams, Michael	_		
	82 W Prospect St	☐ Contingent		
	Rockford, MI 49341	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
2.129	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Melendez, Melissa	Check all that apply.		
	9530 Summit Ave	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
	Nockioia, ivii 49341	☐ Disputed		
		— Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	·		
	unsecured claim: 11 U.S.C. § 507(a) (7)	No		
	<u> </u>	Yes		
2.130	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Mooney, Michelle	Check all that apply.		
	7717 95th Ave	☐ Contingent		
	Evart, MI 49631	☐ Unliquidated		
	Evait, IVII 49031			
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	□Yes		
		– 169		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
2.131	Name Priority creditor's name and mailing address Murray, Molly 10926 Wellington Dr NE Rockford, MI 49341	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No □ Yes		
2.132	Priority creditor's name and mailing address Nagel, Beth 9299 Pheasant Trail NE Rockford, MI 49341	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No □ Yes		
2.133	Priority creditor's name and mailing address Nelson, Peter 868 Parkway Dr NE Grand Rapids, MI 49525	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
2.134	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? ■ No □ Yes	-	
	Priority creditor's name and mailing address Neumann, Tim 6850 Peninsula Ct Rockford, MI 49341	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)	_	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? ■ No □ Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
0.405	Name			
2.135	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Newell, Nancy	Check all that apply.		
	14811 Mann Rd	☐ Contingent		
	Hickory Corners, MI 49060	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY			
	unsecured claim: 11 U.S.C. § 507(a) (7)	■ No		
		Yes		
2.136	Driggity graditaria name and mailing address	As of the notition filling data, the claim is:	Unknown	Unknown
2.130	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Ulikilowii	Ulikilowii
	Nowak, Angelene	☐ Contingent		
	7564 Las Palmas			
	Rockford, MI 49341	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
2.137	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2.107	J	Check all that apply.	Olikilowii	Olikilowii
	Nowak, Bethany	☐ Contingent		
	7259 Old Hickory	☐ Unliquidated		
	Belmont, MI 49306			
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		
2.138	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Okoroafo-Mollo, Cymone	Check all that apply.		
	8365 Ramsdale Dr	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
	Nockiola, Wii 49341			
		Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		□ Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
2.139	Name Priority creditor's name and mailing address Orchard, Lisa 11223 Becker Creek Ct Rockford, MI 49341	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No □ Yes		
2.140	Priority creditor's name and mailing address Oren, Sara 7800 9 Mile Rd Rockford, MI 49341	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No □ Yes		
2.141	Priority creditor's name and mailing address Ostoin, Linda 6597 Foxtail Meadows Dr NE Rockford, MI 49341	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? ■ No □ Yes	-	
2.142	Priority creditor's name and mailing address Patin, April 5322 Grosvenor Sand Lake, MI 49343	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)	_	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? ■ No □ Yes	-	

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.143	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Patin, Nicholas & Rebecca	Check all that apply.		
	7038 Shalimar Dr	Contingent		
	Comstock Park, MI 49321	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	- Design for the plains		
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
2.144	Drivity avaditor's name and mailing address	As of the notition filling date the plaim in	Unknown	Unknown
2.144	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Paulen, Andrew	Check all that apply.		
	20526 W. Kendaville	Contingent		
	Pierson, MI 49339	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	24.0 0. 44.00 4051 1140 11.041.04	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
0.445	las a maria	A (4) (2) (9) 1. (4) 1. (5)		
2.145	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Pearcy, Shelly	Check all that apply.		
	11315 Greenwich Dr NE	Contingent		
	Sparta, MI 49345	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
2 1 16	Drivity avaditor's name and mailing address	As of the notition filling date the plaim in	Unknown	Unknown
2.146	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Peck, Tara	Check all that apply.		
	3030 12 Mile Rd NE	Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		□ Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.147	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Perry, Amber	Check all that apply.		
	6055 Meadowlark St	☐ Contingent ☐ Unliquidated		
	Rockford, MI 49341	☐ Disputed		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	□Yes		
2.148	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Phillips, Cathie	Check all that apply.		
	301 Norwood St	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
		-		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last Astinita of account accomban			
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No		
	a	Yes		
2.149	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Pienta, Catherine	Check all that apply.		
	11701 Ridge Water Dr	Contingent		
	Sparta, MI 49345	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	Yes		
2.150	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Pienta, Deana	Check all that apply.		
	3055 Valleyview	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	- Design for the plains		
	Date of dates dept was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		☐ Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.151	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Plummer, Julie	Check all that apply.		
	410 Tallgrass Dr	Contingent		
	Cedar Springs, MI 49319	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	Date of dates dest was modified	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		
2.152	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2.102	Poirier, Kristina	Check all that apply.	Olikilowii	Olikilowii
	6573 11 Mile Rd	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
	nooniora, iii 100 i i	☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	Yes		
		Li Tes		
2.153	Drigrity graditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2.133	Priority creditor's name and mailing address	Check all that apply.	Ulikilowii	Ulikilowii
	Pollard, Amanda 13089 Cypress Ave	☐ Contingent		
	Sand Lake, MI 49343	☐ Unliquidated		
		☐ Disputed		
		· -		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)			
		☐ Yes		
2.154	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Porter, Cathleen	Check all that apply.	O I I I I I I I I I I I I I I I I I I I	O I II I I I I I I I I I I I I I I I I
	1137 Fuller SE	☐ Contingent		
	Grand Rapids, MI 49506	☐ Unliquidated		
	•	Disputed		
		-		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		☐ Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
2.155	Name Priority creditor's name and mailing address Prince, Melissa 6577 Laguna Vista Rockford, MI 49341	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No □ Yes		
2.156	Priority creditor's name and mailing address Prince, Samuel 8449 Rollings Ave NE Rockford, MI 49341	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No □ Yes		
2.157	Priority creditor's name and mailing address Radebach, Brooke 16710 Antler Dr Cedar Springs, MI 49319	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? ■ No □ Yes	-	
2.158	Priority creditor's name and mailing address Rau, Rick & Amy 17600 Simmons Ave Cedar Springs, MI 49319	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)	_	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? ■ No □ Yes	-	

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.159	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Reamsma, Alice	Check all that apply.		
	285 Chasseral ct NW	Contingent		
	Comstock Park, MI 49321	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	Date of dates debt was incurred	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
0.400	D: :: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	A CH ST CO LA CL C	11	
2.160	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown	Unknown
	Reason, Michelle 215 Pairie Run	☐ Contingent		
	Cedar Springs, MI 49319	☐ Unliquidated		
	Cedar Springs, Mi 49319	☐ Disputed		
		□ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
2.161	Drivetty and itaria name and mailing address	As of the potition filling date, the plains in	Unkneum	Unknessen
2.101	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown	Unknown
	Remelts, Tiffany 530 Birch Run St	☐ Contingent		
	Howard City, MI 49329	☐ Unliquidated		
	Howard Oity, Mi 43323	☐ Disputed		
		- Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)	□Yes		
2.162	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Rice, Debra	Check all that apply.		-
	11770 20 Mile Road	☐ Contingent		
	Cedar Springs, MI 49319	☐ Unliquidated		
	-	☐ Disputed		
		-		
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	<u> </u>		
	unsecured claim: 11 U.S.C. § 507(a) (7)	■ No		
	-	Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.163	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Roberts, Andrea	Check all that apply.		
	12388 Rooksby ST	Contingent		
	Sand Lake, MI 49343	☐ Unliquidated		
		☐ Disputed		
		_		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		
2.164	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Robins, Stacie	Check all that apply.		
	3255 Bennington Dr	☐ Contingent		
	Cedar Springs, MI 49319	☐ Unliquidated		
	Cedai Opinigs, iiii 43313	☐ Disputed		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
2.165	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2.103	J	· · · · · · · · · · · · · · · · · · ·	Ulikilowii	Ulikilowii
	Ross-Foley, Kelly	Check all that apply.		
	3255 Bennington Dr	Contingent		
	Cedar Springs, MI 49319	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
2.166	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Royston, Jacalyn	Check all that apply.		
	5679 Ritchie Run	☐ Contingent		
		☐ Unliquidated		
	Cedar Springs, MI 49319			
		Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)			
		□ Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.167	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Saetre, Allison	Check all that apply.		
	6742 Pleasant View St NE	Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
		_		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
0.400	Detects and the decree of the	A - f share assistant filters alone share alone in	Halmanna	Halmann
2.168	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Sahagun, Melanie	Check all that apply.		
	9901 Wolven Ave	Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incomed	— Desig for the plains		
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	· ·	<u> </u>		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No		
	anossaroa siaiiii. 11 5.5.5. 3 551 (a) (<u>r</u>)	Yes		
2.169	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Sarber, Erin	Check all that apply.		
	5139 Glen Oaks Dr NE	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
	•	☐ Disputed		
	Data and data dalah was in sumad	- Davis for the state.		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
	· · · · · · ·	Yes		
0.470				
2.170	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Schippers, Amber	Check all that apply.		
	9043 Pine Island Dr	☐ Contingent		
	Comstock Park, MI 49321	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	Date of dates debt was incurred			
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	_		
	unsecured claim: 11 U.S.C. § 507(a) (7)	No		
		Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
2.171	Name Priority creditor's name and mailing address Schwalm, Brian 12300 Myers Lk Ave Cedar Springs, MI 49319	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No □ Yes		
2.172	Priority creditor's name and mailing address Seauvageau, Teresa 4512 Summit Forest Dr Rockford, MI 49341	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	_	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No □ Yes		
2.173	Priority creditor's name and mailing address Seymour, Katherine 527 West Randall St APT F Coopersville, MI 49404	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? ■ No □ Yes	-	
2.174	Priority creditor's name and mailing address Shantz, Bren 4919 Brownstone Rockford, MI 49341	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)	_	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? ■ No □ Yes	-	

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.175	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Shearer, Elizabeth	Check all that apply.		
	1917 Emerald St NE	Contingent		
	Grand Rapids, MI 49509	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		
2.176	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Sikorski, Allison	Check all that apply.		•
	16333 Wildwood Valley Ne	☐ Contingent		
	Cedar Springs, MI 49319	☐ Unliquidated		
	. ,	☐ Disputed		
		· -		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	Yes		
2.177	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Simpson, Brenda	Check all that apply.		
	5971 Pine Ct	☐ Contingent		
	Greenville, MI 48838	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	Date of dates debt was incurred	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)			
		☐ Yes		
2.178	Drievity are discular pares and reciling address	As of the potition filing data the plains in	Unkneum	Unknown
2.170	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown	Unknown
	Sims, Aaron 315 Congress St.	☐ Contingent		
	Belding, MI 48809	☐ Unliquidated		
	Delaing, in 40003	☐ Disputed		
		- Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
2.179	Name Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Smith, Jacqueline	Check all that apply.		
	5124 Surf	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	_ Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	Yes		
2.180	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
L	Smith, Patricia	Check all that apply.		
	5936 Alcove Dr	☐ Contingent		
	Belmont, MI 49306	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	Yes		
2.181	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2.101	Spencer, Lindsey	Check all that apply.	Ulikilowii	Olikilowii
	12335 Stafford	☐ Contingent		
	Ravenna, MI 49341	☐ Unliquidated		
		Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	_	
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)			
		Yes		
2.182	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Spero, James	Check all that apply.		
	6782 Norman Farms NE	☐ Contingent		
	Rockford, MI 49341	Unliquidated		
		Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)	☐ Yes		
		□ res		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
0.400	Name	A fall of the last		Harlan access
2.183	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Sremba, Sara	Check all that apply.		
	6868 Kitson	Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)	Yes		
0.404	Dei-site	As of the southing filling date the plain in	Unknavin	Unimovin
2.184	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Staffen, Matthew	Check all that apply.		
	22800 Tamerack View	Contingent		
	Howard City, MI 49329	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number			
	· ·	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	Yes		
2.185	Priority creditor's name and mailing address	As of the political filling date, the claim is:	Unknown	Unknown
2.103	, -	As of the petition filing date, the claim is:	Ulikilowii	Ulikilowii
	Stevenson, Sarah	Check all that apply.		
	2346 Winston View NE	☐ Contingent		
	Cedar Springs, MI 49319	Unliquidated		
		Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		
		Li res		
2.186	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Stoner, Kevin	Check all that apply.		
	20407 W Tufant Rd	☐ Contingent		
	Pierson, MI 49339	☐ Unliquidated		
	,	☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	No		
	unsecured claim. 11 0.5.C. § 507(a) (1)	□ Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
2.187	Name	As of the notition filling date the plains in	Unknessen	Unknessen
2.107	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown	Unknown
	Suess, Doug 2823 Leelanau NE	☐ Contingent		
	Grand Rapids, MI 49525	☐ Unliquidated		
	Grand Napids, iiii 43323	☐ Disputed		
		_ Bispaceu		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐Yes		
2.188	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Sullivan, James	Check all that apply.		
	9580 Arrowcrest Dr NE	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
		· -		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	□ Yes		
		Li res		
2.189	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2.103	Swartzlander, Emily	Check all that apply.	Olikilowii	Olikilowii
	7825 Cannonsburg Road	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
	nooniora, iiii roo r	☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)	=	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)	☐ Yes		
2.190	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Teis, Robert	Check all that apply.		
	5454 Keis	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was in sure d	- Design for the plains		
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Last 4 digits of account number	•		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No		
	3 (-, (_)	Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
2.191	Name Priority creditor's name and mailing address Telvi, Brittney 246 Palmer St NE Grand Rapids, MI 49505	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No □ Yes		
2.192	Priority creditor's name and mailing address Terrien, Brian 2156 Avalon View Cedar Springs, MI 49319	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	_	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No □ Yes		
2.193	Priority creditor's name and mailing address Thomas, James 8250 Havenmeier Way NE Rockford, MI 49341	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? ■ No □ Yes	-	
2.194	Priority creditor's name and mailing address Thompson, Vince 15411 Cedar Leaf Ct Cedar Springs, MI 49319	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)	_	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? ■ No □ Yes	-	

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
2.405	Name		Undersource	Halmanna
2.195	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown	Unknown
	Tinney, Shauna 5493 Settlers Grove Rd NE	☐ Contingent		
	Belmont, MI 49306	☐ Unliquidated		
	Dominit, iiii 40000	☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		
2.196	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2.190	·	Check all that apply.	Ulikilowii	Olikilowii
	Tyler, Amity 8547 Meadowrock	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
	Nockiola, iiii 43541	☐ Disputed		
		L Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY	, ■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
2.197	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown	Unknown
	Tyndall, Geroge	☐ Contingent		
	177 Cahill Dr Rockford, MI 49341	☐ Unliquidated		
	Nockiola, ivii 49541	☐ Disputed		
		□ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		
		☐ Tes		
2.198	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2.100	Ullery, Brandy	Check all that apply.	Olikilowii	Olikilowii
	3907 Fraser NE	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	□Yes		
		— 103		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
0.400	Name			
2.199	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Unger, Denny	Check all that apply.		
	4138 Peter Creek NE	☐ Contingent		
	Rockford, MI 49341	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		
2.200	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Vandenberg, John	Check all that apply.		
	9319 Marabella	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
	1100110101, 1111 40041	☐ Disputed		
		_ _		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
2.201	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Vanderkooi, Andrew	Check all that apply.		
	10529 Harvard Ave	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	Date of dates dest was incurred	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		
		☐ Yes		
2.202	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Vandyke, Katie	Check all that apply.		-
	11882 Myers Lake Ave NE	☐ Contingent		
	Cedar Springs, MI 49319	☐ Unliquidated		
	. 5	☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	Date of dates debt was incurred	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		□ Yes		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.203	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Vaneck, Denise	Check all that apply.		
	8349 Childsdale	Contingent		
	Rockford, MI 49341	Unliquidated		
		☐ Disputed		
	Data and data dahtura in sunad	- Denie fandles eleier		
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Local A digita of account number	- <u> </u>		
	Last 4 digits of account number Specify Code subsection of PRIORITY	Is the claim subject to offset?		
	unsecured claim: 11 U.S.C. § 507(a) (7)	■ No		
		☐ Yes		
2 204	Drivity and italy name and mailing address	As of the political filling date the claim is	Unknown	Unknessen
2.204	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown	Unknown
	Vanmaanen, Jennifer	Contingent		
	442 Shaw Estates Dr			
	Rockford, MI 49341	Unliquidated		
		Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	Date of dates dest was mounted	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	_		
		☐ Yes		
2.205	Driggity graditar's name and mailing address	As of the politica filling date the claim is:	Unknown	Unknown
2.203	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown	Unknown
	VanOeffelen, Brittany	☐ Contingent		
	1060 Woodrow NW	☐ Unliquidated		
	Grand Rapids, MI 49504	☐ Disputed		
		- Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)	Yes		
2.206	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Vawter, Gemma	Check all that apply.		
	50 Clearview Crossing	☐ Contingent		
	Sparta, MI 49345	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	Date of dates debt was incurred	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	, ■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)			
		☐ Yes		

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Debtor	Lidral Orthodontics, PLLC Name	Case number (if known)		
2.207		As of the notition filling data the plains in	Unknown	Unknessen
2.207	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown	Unknown
	Verville, Jessie 7970 Belding Rd	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
	NOCKIOIU, IVII 4934 I			
		Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)	☐ Yes		
		— 165		
2.208	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2.200	-	Check all that apply.	Olikilowii	Olikilowii
	Vincent, Sarah	☐ Contingent		
	366 Aldoph	_		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	Date of dates dept was incurred	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY	_		
	unsecured claim: 11 U.S.C. § 507(a) (7)	■ No		
		☐ Yes		
2.209	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Vining, Kayla	Check all that apply.		
	3622 Blue Jay Dr	Contingent		
	Greenville, MI 48838	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	Date of dates dest was incurred	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?	-	
	Specify Code subsection of PRIORITY	, ■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
0.040				
2.210	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown	Unknown
	Wagen, Carey			
	7306 Courtland Dr NE	☐ Contingent ☐ Unliquidated		
	Rockford, MI 49341			
		Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	□ Yes		
		□ 162		

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Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.211	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Wagen, Carol	Check all that apply.		
	175 S Monroe	Contingent		
	Rockford, MI 49341	Unliquidated		
		☐ Disputed		
•	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	☐ Yes		
		— 165		
2.212	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2.212	Wagner, Amber	Check all that apply.	Olikilowii	Olikilowii
	8449 Rollings Ave NE	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
	1100110101, IIII 40041	☐ Disputed		
		_ 5.054.00		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)	□Yes		
		— 163		
2.213	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2.210	Walters, Matthew	Check all that apply.	Olikilowii	Olikilowii
	3590 Jacobs Corner	☐ Contingent		
	Rockford, MI 49341	☐ Unliquidated		
		☐ Disputed		
		· -		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
		<u> </u>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	■ No		
	0 11 (1)	☐ Yes		
2.214	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Washington, Edwin	Check all that apply.		
	935 Baraga	Contingent		
	Grand Rapids, MI 49503	Unliquidated		
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)			
		☐ Yes		

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Debtor		Case number (if known)		
	Name			
2.215	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Welch Jr , Richard	Check all that apply.		
	7035 Brewer Ave NE	Contingent		
	Rockford, MI 49341	Unliquidated		
		☐ Disputed		
	Deta and data adult was in sured	- Designation also		
	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)			
		Yes		
2.216	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
2.210	J -	Check all that apply.	Ulikilowii	Ulikilowii
	Wheeler, Amanda 5575 5 Mile Rd NE	☐ Contingent		
	Belmont, MI 49306	☐ Unliquidated		
	Beilliont, Wil 49306			
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
	Date of dates dest was incurred	ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	, ■ No		
	unsecured claim: 11 U.S.C. § 507(a) (7)			
		Yes		
2.217	Drivity avaditor's name and mailing address	As of the notition filing date the plain in	Unknessen	Unknessen
2.217	Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown	Unknown
	Winkels, Shelly 7293 Orlin Ct Ne	☐ Contingent		
		☐ Unliquidated		
	Rockford, MI 49341			
		☐ Disputed		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (<u>7</u>)	☐ Yes		
2.218	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown	Unknown
	Zenker, Heather	Check all that apply.		
	1266 Dairy Lane	☐ Contingent		
	Cedar Springs, MI 49319	☐ Unliquidated		
	1 0 /	☐ Disputed		
		· -		
	Date or dates debt was incurred	Basis for the claim:		
		ORTHODONTIC PATIENT (OR RESPONSIBLE		
		PARTY)		
	Last 4 digits of account number	ls the claim subject to offset?		
	Last 4 digits of account number	Is the claim subject to offset?		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<u>-</u>		

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Debtor		Case number (if known)		
2.219	Name Priority creditor's name and mailing address Zillmer, Linsey 2826 Sunset Ridge Ct Rockford, MI 49341	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	nknown	Unknown
1	Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? ■ No □ Yes		
Part 2: 3.		nsecured Claims nonpriority unsecured claims. If the debtor has more than 6 creditors with non		cured claims, fill
3.1	Nonpriority creditor's name and mailing address 158 MARCELL LLC C/O COLLIERS INTERNATIONAL 333 BRIDGE ST NW SUITE 1200 GRAND RAPIDS, MI 49504	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: COMMERCIAL LEASE FOR BUS	SINESS OF	\$126,404.00 PERATION
	Date(s) debt was incurred 05/23/17 Last 4 digits of account number ITE1	LOCATION - RENT Is the claim subject to offset? ■ No □ Yes		
3.2	Nonpriority creditor's name and mailing address 158 MARCELL LLC C/O COLLIERS INTERNATIONAL 333 BRIDGE ST NW SUITE 1200 GRAND RAPIDS, MI 49504 Date(s) debt was incurred 05/23/17 Last 4 digits of account number ITE1	As of the petition filing date, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: COMMERCIAL LEASE FOR BUS LOCATION - COMMON AREA MAINTENANCE Is the claim subject to offset? ■ No ☐ Yes	SINESS OF	\$94,602.00 PERATION
3.3	Nonpriority creditor's name and mailing address 3M UNITEK 2724 SOUTH PECK RD MONROVIA, CA 91016-5097 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: FOR NOTICE PURPOSES POSSIBLE BUSINESS DEBT Is the claim subject to offset? ■ No ☐ Yes		Unknown
3.4	Nonpriority creditor's name and mailing address ADN PO BOX 610 SOUTHFIELD, MI 48037-0610 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: FOR NOTICE PURPOSES POSSIBLE INSURANCE PAYMENT OWED Is the claim subject to offset? No. Yes		Unknown

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Debto		Case number (if known)	
3.5	Nonpriority creditor's name and mailing address ADOPTION SUBSIDY - MDHHS PO BOX 30037 SUITE 412 LANSING, MI 48909 Date(s) debt was incurred _ Last 4 digits of account number _ Nonpriority creditor's name and mailing address AETNA 151 FARMINGTON AVE HARTFORD, CT 06156	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: FOR NOTICE PURPOSES POSSIBLE INSURANCE PAYMENT OWED Is the claim subject to offset? No Yes As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: FOR NOTICE PURPOSES POSSIBLE INSURANCE PAYMENT OWED Is the claim subject to offset? ■ No □ Yes	
3.7	Nonpriority creditor's name and mailing address ALWAYS CARE 8485 GOODWOOD BLVD BATON ROUGE, LA 70806-7878 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: FOR NOTICE PURPOSES POSSIBLE INSURANCE PAYMENT OWED Is the claim subject to offset? No ☐ Yes	Unknown
3.8	Nonpriority creditor's name and mailing address AMERICAN ORTHODONTICS 3524 WASHINGTON AVE SHEBOYGAN, WI 53081 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: FOR NOTICE PURPOSES POSSIBLE BUSINESS DEBT Is the claim subject to offset? No Yes	Unknown
3.9	Nonpriority creditor's name and mailing address AMERITAS 5900 O STREET LINCOLN, NE 68510 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: FOR NOTICE PURPOSES POSSIBLE INSURANCE PAYMENT OWED Is the claim subject to offset? No Yes	Unknown
3.10	Nonpriority creditor's name and mailing address BC/BS OF MICHIGAN 600 LAFAYETTE DETROIT, MI 48226 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: FOR NOTICE PURPOSES POSSIBLE INSURANCE PAYMENT OWED Is the claim subject to offset? NO Yes	Unknown

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Debtor		Case number (if known)	
2.44	Name	As of the notition fillion date the plate to O. 1. W	Umlen access
3.11	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown
	BCBS ANTHEM	☐ Contingent	
	220 VIRGINIA AVENUE	Unliquidated	
	INDIANAPOLIS, IN 46204	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: FOR NOTICE PURPOSES	
	Last 4 digits of account number _	POSSIBLE INSURANCE PAYMENT OWED	
		Is the claim subject to offset? ■ No □ Yes	
3.12	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown
0.12	BEENE GARTER		Olikilowii
	56 GRANDVILLE AVE SW	☐ Contingent	
	SUITE 100	Unliquidated	
	GRAND RAPIDS, MI 49503	☐ Disputed	
		Basis for the claim: FOR NOTICE PURPOSES	
	Date(s) debt was incurred _	POSSIBLE BUSINESS DEBT	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.13	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$3,239.00
0.10	BENCO	_ ` `	ψ3,233.00
	295 CENTER POINT BLVD	☐ Contingent	
	PITTSTON, PA 18640	☐ Unliquidated	
	,	☐ Disputed	
	Date(s) debt was incurred UNKNOWN	Basis for the claim: VENDOR:	
	Last 4 digits of account number 0993	ONGOING BUSINESS SUPPLIES	
		Is the claim subject to offset? ■ No □ Yes	
3.14	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown
	BHS INSURANCE	☐ Contingent	
	3055 44TH ST. SW	☐ Unliquidated	
	GRANDVILLE, MI 49418	☐ Disputed	
	Date(s) debt was incurred	·	
	-	Basis for the claim: FOR NOTICE PURPOSES	
	Last 4 digits of account number _	POSSIBLE BUSINESS DEBT	
		Is the claim subject to offset? ■ No □ Yes	
3.15	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown
	CAPITAL GROUP AMERICAN FUNDS	☐ Contingent	
	PO BOX 6007	☐ Unliquidated	
	INDIANAPOLIS, IN 46206-6007	Disputed	
	Date(s) debt was incurred	•	
		Basis for the claim: <u>FOR NOTICE PURPOSES</u> POSSIBLE BUSINESS DEBT	
	Last 4 digits of account number _	FOSSIBLE BOSINESS DEBT	
		Is the claim subject to offset? ■ No □ Yes	
3.16	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$23,702.00
	CAPITAL ONE	☐ Contingent	·
	ATTN: GENERAL CORRESPONDENCE	☐ Unliquidated	
	PO BOX 30285	☐ Disputed	
	SALT LAKE CITY, UT 84130-0287	Basis for the claim: CREDIT CARD	
	Date(s) debt was incurred ONGOING	ANDREW LIDRAL FOR LIDRAL ORTHODONTICS	
	Last 4 digits of account number 4302		
		Is the claim subject to offset? ■ No □ Yes	

Debtor	Lidral Orthodontics, PLLC	Case number (if known)	
	Name Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown
	CARE CREDIT	Contingent	
	PO BOX 965068 ORLANDO, FL 32896-5068	Unliquidated	
		☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: FOR NOTICE PURPOSES	
	Last 4 digits of account number _	POSSIBLE INSURANCE PAYMENT OWED	
		Is the claim subject to offset? ■ No ☐ Yes	
3.18	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$824.82
	CHARTER COMMUNICATIONS	☐ Contingent	
	400 ATLANTIC STREET	☐ Unliquidated	
	STAMFORD, CT 06901	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: UNPAID PHONE & INTERNET SERVICES	PROVIDED
	Last 4 digits of account number 0730	Is the claim subject to offset? ■ No □ Yes	
3.19	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown
	CIGNA	☐ Contingent	
	900 COTTAGE GROVE ROAD	☐ Unliquidated	
	BLOOMFIELD, CT 06002	☐ Disputed	
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: FOR NOTICE PURPOSES POSSIBLE INSURANCE PAYMENT OWED	
		Is the claim subject to offset? ■ No □ Yes	
3.20	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown
	DELTA DENTAL OF MICHIGAN	☐ Contingent	
	4100 OKEMOS RD	☐ Unliquidated	
	OKEMOS, MI 48864	☐ Disputed	
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: <u>FOR NOTICE PURPOSES</u> POSSIBLE INSURANCE PAYMENT OWED	
		Is the claim subject to offset? ■ No □ Yes	
3.21	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown
	DELTA DENTAL OF OH	☐ Contingent	
	PO BOX 9089	☐ Unliquidated	
	FARMINGTON, MI 48333-9089	☐ Disputed	
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: FOR NOTICE PURPOSES POSSIBLE INSURANCE PAYMENT OWED	
		Is the claim subject to offset? ■ No □ Yes	
	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown
	DELTA DENTAL OF WISCONSIN	☐ Contingent	
	PO BOX 828	Unliquidated	
	STEVENS POINT, WI 54481	☐ Disputed	
	Date(s) debt was incurred	Basis for the claim: FOR NOTICE PURPOSES POSSIBLE INSURANCE PAYMENT OWED	
	Last 4 digits of decount number _		
		Is the claim subject to offset? ■ No ☐ Yes	
	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown
	DELTA OF CA :FEDERAL SERVICES PO BOX 537007	Contingent	
	SACRAMENTO, CA 95853-7007	Unliquidated	
		Disputed	
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: FOR NOTICE PURPOSES POSSIBLE INSURANCE PAYMENT OWED	
		Is the claim subject to offset? ■ No □ Yes	

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Debto		Case number (if known)	
2.24	Name	As of the matter filling date the plainties of the filling date the filling date the filling date the plainties of the filling date the fillin	Halmanın
3.24	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown
	DELTA:III	Contingent	
	111 SHUMAN BOULEVARD	Unliquidated	
	NAPERVILLE, IL 60563	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: FOR NOTICE PURPOSES	
	Last 4 digits of account number _	POSSIBLE INSURANCE PAYMENT OWED	
		Is the claim subject to offset? ■ No □ Yes	
3.25	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown
	FOR NOTICE PURPOSES	□ Contingent	
	618 KENMOOR AVE SE	☐ Unliquidated	
	SUITE 200	☐ Disputed	
	GRAND RAPIDS, MI 49546	·	
	Date(s) debt was incurred _	Basis for the claim: <u>FOR NOTICE PURPOSES</u> POSSIBLE INSURANCE PAYMENT OWED	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.26	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown
	FRANKENMUTH INSURANCE	☐ Contingent	
	ONE MUTUAL AVE	☐ Unliquidated	
	FRANKENMUTH, MI 48787-0001	☐ Disputed	
	Date(s) debt was incurred	·	
	-	Basis for the claim: FOR NOTICE PURPOSES	
	Last 4 digits of account number _	POSSIBLE BUSINESS DEBT	
		Is the claim subject to offset? ■ No □ Yes	
3.27	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown
	GROUP MARKETING SERVICES	☐ Contingent	
	PO BOX 19040	☐ Unliquidated	
	KALAMAZOO, MI 49019-0040	☐ Disputed	
	Date(s) debt was incurred _		
	-	Basis for the claim: FOR NOTICE PURPOSES	
	Last 4 digits of account number _	POSSIBLE INSURANCE PAYMENT OWED	
		Is the claim subject to offset? ■ No □ Yes	
3.28	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$209.88
•	HENRY SCHEIN	☐ Contingent	
	135 DURYEA ROAD	☐ Unliquidated	
	MELVILLE, NY 11747	☐ Disputed	
	Date(s) debt was incurred		
		Basis for the claim: FOR NOTICE PURPOSES	
	Last 4 digits of account number 3045	POSSIBLE BUSINESS DEBT	
		Is the claim subject to offset? ■ No ☐ Yes	
3.29	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$465.00
	HIGHLAND CAPITAL CORPORATION	☐ Contingent	·
	1 PASSAIC AVENUE	☐ Unliquidated	
	FAIRFIELD, NJ 07004	☐ Disputed	
	Date(s) debt was incurred ONGOING	Basis for the claim: HEALTHCARE EQUIPMENT FINANCING	
	Last 4 digits of account number 1962		
		Is the claim subject to offset? ■ No □ Yes	

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Debtor		Case number (if known)	
3.30	Name Nonpriority creditor's name and mailing address INDEPENDENT BANK	As of the petition filing date, the claim is: Check all that apply.	\$14,354.00
	230 W MAIN ST	☐ Unliquidated	
	IONIA, MI 48846	Disputed	
	Date(s) debt was incurred 11/16/18	Basis for the claim: HELOC - PERSONAL LOAN FOR LIDRAL	
	Last 4 digits of account number 2577	ORTHODONTICS, PLLC:	
		HAZELGREEN DR. NE	
		ROCKFORD, MI 49341	
		Is the claim subject to offset? ■ No □ Yes	
3.31	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown
	INSIGHT BENEFITS ADMINISTRATOR	☐ Contingent	
	660 ADA DR SE	☐ Unliquidated	
	ADA, MI 49301	☐ Disputed	
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: FOR NOTICE PURPOSES POSSIBLE INSURANCE PAYMENT OWED	
		Is the claim subject to offset? ■ No □ Yes	
3.32	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$3,325.00
	INVISALIGN ALIGN	☐ Contingent	
	TECHNOLOGY INC	☐ Unliquidated	
	2820 ORCHARD PARKWAY SAN JOSE, CA 95134	☐ Disputed	
	Date(s) debt was incurred ONGOING	Basis for the claim: BUSINESS LAB FEES	
	Last 4 digits of account number 0371	Is the claim subject to offset? ■ No □ Yes	
3.33	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$25,000.00
	BETTY LIDRAL	☐ Contingent	
	215 DAHL ST	Unliquidated	
	RHINELANDER, WI 54501	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: LOAN FROM INDIVIDUAL	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.34	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$38,300.00
	MONICA LIDRAL	☐ Contingent	
	29W175 OAK GROVE AVE	Unliquidated	
	WEST CHICAGO, IL 60185	☐ Disputed	
	Date(s) debt was incurred _ Last 4 digits of account number	Basis for the claim: LOAN FROM INDIVIDUAL	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.35	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown
	METLIFE	☐ Contingent	
	200 PARK AVENUE	Unliquidated	
	NEW YORK, NY 10166	☐ Disputed	
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: FOR NOTICE PURPOSES POSSIBLE INSURANCE PAYMENT OWED	
		Is the claim subject to offset? ■ No □ Yes	
3.36	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$76.00
	OFFICITE	☐ Contingent	
	3010 HIGHLAND PARKWAY SUITE 200	Unliquidated	
	DOWNERS GROVE, IL 60515	☐ Disputed	
	Date(s) debt was incurred	Basis for the claim: UNPAID WEBSITE SERVICES PROVIDED	
	Last 4 digits of account number	Is the claim subject to offset? ■ No □ Yes	

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Debtor		Case number (if known)	
3.37	Name Nonpriority creditor's name and mailing address OPEN EDGE 2578 W 600 N LINDON, UT 84042	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: FOR NOTICE PURPOSES POSSIBLE INSURANCE PAYMENT OWED AND MERCANTILE FEES OWED Is the claim subject to offset? No Yes	
3.38	Nonpriority creditor's name and mailing address TEAMCARE 8647 W. HIGGINS ROAD CHICAGO, IL 60631	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	Unknown
	Date(s) debt was incurred Last 4 digits of account number	Basis for the claim: FOR NOTICE PURPOSES POSSIBLE INSURANCE PAYMENT OWED Is the claim subject to offset? ■ No □ Yes	
3.39	Nonpriority creditor's name and mailing address UNUM & STARMOUNT LIFE INS CO STARMOUNT BUILDING 8485 GOODWOOD BLVD BATON ROUGE, LA 70898-9100 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: FOR NOTICE PURPOSES POSSIBLE BUSINESS DEBT Is the claim subject to offset? No Yes	Unknown
3.40	Nonpriority creditor's name and mailing address VARIPRO 5300 PATTERSON AVE SW SUITE 150 GRAND RAPIDS, MI 49512	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: FOR NOTICE PURPOSES	Unknown
	Date(s) debt was incurred _ Last 4 digits of account number _	POSSIBLE INSURANCE PAYMENT OWED Is the claim subject to offset? ■ No □ Yes	
3.41	Nonpriority creditor's name and mailing address ZELIS PAYMENTS 18167 US HIGHWAY 19 NORTH SUITE 515 CLEARWATER, FL 33764 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: FOR NOTICE PURPOSES POSSIBLE INSURANCE PAYMENT OWED Is the claim subject to offset? No Yes	Unknown
Part 3:	List Others to Be Notified About Unsecured Clai	ims	
	n alphabetical order any others who must be notified for clanees of claims listed above, and attorneys for unsecured creditor	nims listed in Parts 1 and 2. Examples of entities that may be listed are cors.	collection agencies,
If no	others need to be notified for the debts listed in Parts 1 and	d 2, do not fill out or submit this page. If additional pages are needed	l, copy the next page.
	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	CURTIS D. RYPMA SCHENK BONCHER & RYPMA 601 THREE MILE ROAD NW GRAND RAPIDS, MI 49544-1601	Line <u>2.195</u> ☐ Not listed. Explain	_
Part 4:	Total Amounts of the Priority and Nonpriority U	nsecured Claims	

Debtor **Lidral Orthodontics, PLLC**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1 5b. Total claims from Part 2

5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.

Case number (if known)

		Total of claim amounts
5a.		\$ 267,708.00
5b.	+	\$ 330,501.70
	ſ	

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			•	
Fill in	this information to identify the case:			
Debto	r name Lidral Orthodontics, PLL	.c		
United	States Bankruptcy Court for the: WE	STERN DISTRICT OF MICH	IIGAN	
Case	number (if known)			☐ Check if this is an amended filing
-	cial Form 206G edule G: Executory C	Contracts and U	nexpired Leases	12/15
Be as	complete and accurate as possible. If	more space is needed, co	py and attach the additional page, nu	imber the entries consecutively.
	oes the debtor have any executory co No. Check this box and file this form wi Yes. Fill in all of the information below Form 206A/B).	ith the debtor's other schedu	lles. There is nothing else to report on t	
2. Lis	st all contracts and unexpired leas	ses	State the name and mailing add whom the debtor has an execute lease	•
2.1.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining	DEBTOR HAS A COMMERCIAL LEASE WITH 158 MARCELL, LLC ON THE EAST HALF OF A BUILDING (SUITE NO. 1) LOCATED AT 158 MARCELL NE, ROCKFORD, MI 49341 30 MONTHS	158 MARCELL LLC C/O COLLIERS INTERNATIO 333 BRIDGE ST NW	ONAL

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Fill in th	is information to identify	the case:		
Debtor n				
United S	states Bankruptcy Court for	the: WESTERN DISTRICT OF MICHIGAN		
Case nu	mber (if known)			☐ Check if this is an
				amended filing
	al Form 206H dule H: Your C	odebtors		12/15
	mplete and accurate as p al Page to this page.	ossible. If more space is needed, copy the Addi	itional Page, numbering the enti	ries consecutively. Attach the
1. D	o you have any codebtors	s?		
□ No. C	Check this box and submit the	nis form to the court with the debtor's other schedul	les. Nothing else needs to be repo	rted on this form.
crec	litors, Schedules D-G. Inc	s all of the people or entities who are also liable lude all guarantors and co-obligors. In Column 2, ic f the codebtor is liable on a debt to more than one of	dentify the creditor to whom the de	bt is owed and each schedule
	Goldmin 1: Goldene		Column 2. C. Cano.	
	Name	Mailing Address	Name	Check all schedules that apply:
2.1	ANDREW C. LIDRAL	6269 Hazelgreen Dr. N.E. ROCKFORD, MI 49341-7797	158 MARCELL LLC	□ D ■ E/F <u>3.1</u> □ G
2.2	ANDREW C. LIDRAL	6269 Hazelgreen Dr. N.E. ROCKFORD, MI 49341-7797	158 MARCELL LLC	□ D ■ E/F <u>3.2</u> □ G
2.3	ANDREW C. LIDRAL	6269 Hazelgreen Dr. N.E. ROCKFORD, MI 49341-7797	UNITED BANK	■ D <u>2.1</u> □ E/F □ G
2.4	ANDREW C. LIDRAL	6269 Hazelgreen Dr. N.E. ROCKFORD, MI 49341-7797	UNITED BANK	■ D <u>2.2</u> □ E/F □ G
2.5	ANDREW C. LIDRAL	6269 Hazelgreen Dr. N.E. ROCKFORD, MI 49341-7797	US ATTORNEY'S OFFICE	■ D <u>2.3</u> □ E/F □ G

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Debtor	Lidral Orthodontic	cs, PLLC	Case number (if known)				
	Additional Page to Li	st More Codebtors					
	Copy this page only in Column 1: Codebtor	f more space is needed. Continue numbe	ring the lines sequentially from the previou Column 2: Creditor	us page.			
2.6	ANDREW C. LIDRAL	6269 Hazelgreen Dr. N.E. ROCKFORD, MI 49341-7797	US SMALL BUSINESS ADMIN (SBA)	■ D <u>2.4</u> □ E/F □ G			

Fill in this	s information to identify your	case:			
Debtor 1	Andrew C. Lidral				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fil	ing) First Name	Middle Name	Last Name		
(Spouse II, III	ilig) Filst Name	wildule Name	Last Name		
United Sta	ates Bankruptcy Court for the:	WESTERN DISTRICT	OF MICHIGAN		
Case num	nber				
(if known)					☐ Check if this is an
					amended filing
Official	Form 106Dec				
	aration About a	n Individual	Dehtor's Sci	hadulas	40/45
Decid	aration About 8	iii iiidividdai	Deptol 3 oc	iledules	12/15
years, or t	ooth. 18 U.S.C. §§ 152, 1341, 1	519, and 3571.			
Did y	you pay or agree to pay some	eone who is NOT an atto	rney to help you fill out ba	ankruptcy forms?	
	No				
	Yes. Name of person				tcy Petition Preparer's Notice,
				Declaration, and	d Signature (Official Form 119)
	r penalty of perjury, I declare hey are true and correct.	that I have read the sum	nmary and schedules filed	l with this declaration a	nd
X /	s/ Andrew C. Lidral		Х		
	Andrew C. Lidral		Signature of D	Debtor 2	
	Signature of Debtor 1		-		
0	Date June 11, 2020		Date		
					

Fill in this information to identify the cook		
Fill in this information to identify the case: Debtor name Lidral Orthodontics, PLLC		
United States Bankruptcy Court for the: WESTERN DISTRICT OF MI	ICHIGAN	
	ICHIGAN	
Case number (if known)		☐ Check if this is an amended filing
Official Form 207		
Statement of Financial Affairs for Non-Inc The debtor must answer every question. If more space is needed, a write the debtor's name and case number (if known).		<u> </u>
Part 1: Income		
Gross revenue from business		
□ None.		
Identify the beginning and ending dates of the debtor's fiscal which may be a calendar year	year, Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	Operating a business	\$65,588.00
From 1/01/2020 to Filing Date	☐ Other	
For prior year:	Operating a business	\$408,877.00
From 1/01/2019 to 12/31/2019	Other	
For year before that:	■ Operating a business	\$510,118.00
From 1/01/2018 to 12/31/2018	Other	
Non-business revenue Include revenue regardless of whether that revenue is taxable. Non-and royalties. List each source and the gross revenue for each separate to the process revenue for each		
■ None.		
	Description of sources of rev	Gross revenue from each source (before deductions and exclusions)
Part 2: List Certain Transfers Made Before Filing for Bankruptcy	ı	
 Certain payments or transfers to creditors within 90 days before List payments or transfersincluding expense reimbursementsto ar filing this case unless the aggregate value of all property transferred and every 3 years after that with respect to cases filed on or after the 	ny creditor, other than regular employee co to that creditor is less than \$6,825. (This are	
☐ None.		
Creditor's Name and Address Dates		easons for payment or transfer heck all that apply

Official Form 207

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Case number (if known)

	Cred	itor's Name and Address	Dates	Total amount of value		ayment or transfer
	3.1.	UNITED BANK 900 EAST PARIS AVENUE SE GRAND RAPIDS, MI 49546	MONTHLY	\$5,466.00	Check all that a Secured deb Unsecured lo Suppliers or Services Other	t pan repayments
	3.2.	158 MARCELL LLC C/O COLLIERS INTERNATIONAL 333 BRIDGE ST NW SUITE 1200 GRAND RAPIDS, MI 49504	MONTHLY	\$7,366.00	☐ Secured deb☐ Unsecured lo☐ Suppliers or☐ Services☐ Other COM	oan repayments
L o n li	ist pay r cosionay be sted ir	nts or other transfers of property mad yments or transfers, including expense regned by an insider unless the aggregate adjusted on 4/01/22 and every 3 years and line 3. <i>Insiders</i> include officers, directors and their relatives; affiliates of the debtorne.	imbursements, made within value of all property transferr after that with respect to case s, and anyone in control of a	1 year before filing this case of ed to or for the benefit of the in es filed on or after the date of a corporate debtor and their rela	n debts owed to an nsider is less than s adjustment.) Do not atives; general parti	\$6,825. (This amount include any payments ners of a partnership
		er's name and address tionship to debtor	Dates	Total amount of value	Reasons for pa	ayment or transfer
- -		acciona forcelectives and returns				
L a	ist all forect	sessions, foreclosures, and returns property of the debtor that was obtained losure sale, transferred by a deed in lieu ne itor's name and address	of foreclosure, or returned to	the seller. Do not include prop		· ·
L a	ist all forect No Cred	property of the debtor that was obtained losure sale, transferred by a deed in lieu		the seller. Do not include prop	perty listed in line 6	Value of property
6. S	ist all forections of the control of	property of the debtor that was obtained losure sale, transferred by a deed in lieu one itor's name and address FED BANK EAST PARIS AVENUE SE AND RAPIDS, MI 49546 of creditor, including a bank or financial including a bank or refused to me	Describe of the Property PERSONAL PROPERT AS LISTED ON SCHED	TY SECURING DEBTOULES A/B	Date JUNE 1, 2020	Value of property \$44,327.00 ything from an account
6. S	ist all forections and the control of the control o	property of the debtor that was obtained losure sale, transferred by a deed in lieu one itor's name and address FED BANK EAST PARIS AVENUE SE AND RAPIDS, MI 49546 of creditor, including a bank or financial including a bank or refused to me	Describe of the Property PERSONAL PROPERT AS LISTED ON SCHED	TY SECURING DEBT DULES A/B before filing this case set off or so direction from an account of	Date JUNE 1, 2020	Value of property \$44,327.00
6. S L od d	ist all forecles and the control of	property of the debtor that was obtained losure sale, transferred by a deed in lieu one itor's name and address FED BANK EAST PARIS AVENUE SE AND RAPIDS, MI 49546 of creditor, including a bank or financial including a bank or refused to mone itor's name and address	Describe of the Property PERSONAL PROPERT AS LISTED ON SCHED	TY SECURING DEBT DULES A/B before filing this case set off or structure of direction from an account of creditor took	Date JUNE 1, 2020 r otherwise took any the debtor because	Value of property \$44,327.00 ything from an account e the debtor owed a
6. S L od d	ist all forections and the control of the control o	property of the debtor that was obtained because sale, transferred by a deed in lieu one itor's name and address FED BANK EAST PARIS AVENUE SE AND RAPIDS, MI 49546 creditor, including a bank or financial including a bank or refused to make the company of the	Describe of the Property PERSONAL PROPERT AS LISTED ON SCHED stitution, that within 90 days lake a payment at the debtor Description of the action ourt actions, executions, as, arbitrations, mediations, a	TY SECURING DEBT DULES A/B before filing this case set off or s direction from an account of creditor took	Date JUNE 1, 2020 Totherwise took and the debtor because Date action was taken	Value of property \$44,327.00 ything from an account e the debtor owed a Amount

receiver, custodian, or other court-appointed officer within 1 year before filing this case.

Best Case Bankruptcy

Debtor Lidral Orthodontics, PLLC

Case:20-02045-jwb Doc #:1 Filed: 06/11/2020 Page 96 of 112 Case number (if known) Debtor Lidral Orthodontics, PLLC None Part 4: Certain Gifts and Charitable Contributions List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000 None Recipient's name and address Description of the gifts or contributions Value Dates given Part 5: Certain Losses 10. All losses from fire, theft, or other casualty within 1 year before filing this case. None Description of the property lost and Dates of loss Amount of payments received for the loss Value of property how the loss occurred lost If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets - Real and Personal Property). Part 6: Certain Payments or Transfers 11. Payments related to bankruptcy List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case. ☐ None. Who was paid or who received If not money, describe any property transferred Total amount or the transfer? value **Address** 11.1. MARTIN L. ROGALSKI, P.C. **1881 GEORGETOWN CENTER** ATTORNEY FEES, COSTS & COURT **DRIVE FILING FEE** 11/02/2019 \$5,500.00 JENISON, MI 49428 **Email or website address** court@mrogalski.com Who made the payment, if not debtor? 12. Self-settled trusts of which the debtor is a beneficiary List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device. Do not include transfers already listed on this statement.

None.

Name of trust or device Describe any property transferred Dates transfers Total amount or were made value

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

Case:20-02045-jwb Doc #:1 Filed: 06/11/2020 Page 97 of 112 Lidral Orthodontics, PLLC Debtor Case number (if known) None. Who received transfer? Description of property transferred or Date transfer Total amount or **Address** payments received or debts paid in exchange was made value Part 7: Previous Locations 14. Previous addresses List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used. Does not apply **Address Dates of occupancy** From-To Part 8: Health Care Bankruptcies 15. Health Care bankruptcies Is the debtor primarily engaged in offering services and facilities for: - diagnosing or treating injury, deformity, or disease, or - providing any surgical, psychiatric, drug treatment, or obstetric care? No. Go to Part 9. Yes. Fill in the information below. Facility name and address Nature of the business operation, including type of services If debtor provides meals the debtor provides and housing, number of patients in debtor's care Part 9: Personally Identifiable Information 16. Does the debtor collect and retain personally identifiable information of customers? ☐ No. Yes. State the nature of the information collected and retained. NAMES, ADDRESSS, SOCIAL SECURITY NUMBERS, AND OTHER PERSONAL AND HEALTH INFORMATION IN LINE WITH HIPPA **REGULATIONS** Does the debtor have a privacy policy about that information? □ No Yes 17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit? No. Go to Part 10. Yes. Does the debtor serve as plan administrator? ☐ No Go to Part 10. Yes. Fill in below: Name of plan Employer identification number of the plan **LIDRAL ORTHODONTICS 401(k) PLAN** EIN: 82-1234577 Has the plan been terminated?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

■ No □ Yes

Case:20-02045-jwb Doc #:1 Filed: 06/11/2020 Page 98 of 112 Debtor Lidral Orthodontics, PLLC Case number (if known) 18. Closed financial accounts Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions. None Financial Institution name and Last 4 digits of Type of account or Date account was Last balance **Address** account number instrument closed, sold, before closing or moved, or transfer transferred 19. Safe deposit boxes List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this None Depository institution name and address Names of anyone with Description of the contents Do you still access to it have it? **Address** 20. Off-premises storage List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business. None Do you still Facility name and address Description of the contents Names of anyone with access to it have it? Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own 21. Property held for another List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property. None Part 12: Details About Environment Information For the purpose of Part 12, the following definitions apply: Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium). Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized. Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance. Report all notices, releases, and proceedings known, regardless of when they occurred. 22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No. Yes. Provide details below.

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

Court or agency name and

address

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

Nature of the case

Case title

Case number

Status of case

Case:20-02045-jwb Doc #:1 Filed: 06/11/2020 Page 99 of 112 Debtor Lidral Orthodontics, PLLC Case number (if known) No. Yes. Provide details below. Site name and address Governmental unit name and Environmental law, if known Date of notice address 24. Has the debtor notified any governmental unit of any release of hazardous material? Yes. Provide details below. Site name and address Governmental unit name and Environmental law, if known Date of notice Part 13: Details About the Debtor's Business or Connections to Any Business 25. Other businesses in which the debtor has or has had an interest List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules. None **Business name address** Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Dates business existed 26. Books, records, and financial statements 26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case. ☐ None Name and address Date of service From-To 26a.1. **BEENE GARTER LLP ONGOING 56 GRANDVILLE AVE SW SUITE 100 GRAND RAPIDS, MI 49503** 26a.2. **BEN GUNTER ONGOING GUNTER ACCOUNTING** 880 JEFFERSON ST #B MUSKEGON, MI 49440 26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case. None 26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed. ■ None Name and address If any books of account and records are unavailable, explain why 26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case. ☐ None

Name and address

26d.1. UNITED BANK

900 EAST PARIS AVENUE SE

GRAND RAPIDS, MI 49546

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Debtor Lidral Orthodontics, PLLC Case number (if known)

_	any inventories of the debtor's pr	operty be	een taken within 2 years bel	fore filing this cas	e?		
	No Yes. Give the details about the to	wo most	recent inventories.				
	Name of the person who sup inventory	pervised	the taking of the	Date of invent	tory	The dollar amount and or other basis) of each	
	ne debtor's officers, directors, atrol of the debtor at the time o			ners, members i	n contr	ol, controlling sharehol	lders, or other people
Nan	ne	Addres	ss			and nature of any	% of interest, if
ANI	DREW C. LIDRAL		Hazelgreen Dr. N.E. KFORD, MI 49341-7797		terest RESIC	DENT / MEMBER	100
30. Paymo Within loans,	No Yes. Identify below. ents, distributions, or withdraw 1 year before filing this case, dic credits on loans, stock redemption No Yes. Identify below.	d the deb	otor provide an insider with v	alue in any form,	includi	ng salary, other compens	sation, draws, bonuses,
_	Name and address of recipie	ent	Amount of money or de	scription and va	lue of	Dates	Reason for
30.1	ANDREW C. LIDRAL 6269 Hazelgreen Dr. N.E. ROCKFORD, MI 49341-77	97	\$11,500.00			VARIOUS	EARNED INCOME
	Relationship to debtor PRESIDENT / MEMBER						
-	n 6 years before filing this case No Yes. Identify below.	e, has th	e debtor been a member c	of any consolida			
Name	of the parent corporation					loyer Identification num oration	nber of the parent
=	n 6 years before filing this case No Yes. Identify below.	e, has th	e debtor as an employer b	een responsible	for co	entributing to a pension	fund?
Name	of the pension fund					loyer Identification num	nber of the parent

Debtor	Lidral Orthodontics, PLLC	Case number (if known)
Part 14:	Signature and Declaration	
conr		aking a false statement, concealing property, or obtaining money or property by fraud in up to \$500,000 or imprisonment for up to 20 years, or both.
	we examined the information in this Statement of correct.	Financial Affairs and any attachments and have a reasonable belief that the information is true
I de	clare under penalty of perjury that the foregoing is	s true and correct.
Execute	d on June 11, 2020	
/s/ And	rew C. Lidral	Andrew C. Lidral
Signatur	e of individual signing on behalf of the debtor	Printed name
Position	or relationship to debtor President/Member	<u>r</u>
Are addi	tional pages to Statement of Financial Affairs	for Non-Individuals Filing for Bankruptcy (Official Form 207) attached?
No		
☐ Yes		

United States Bankruptcy Court Western District of Michigan

In re	Lidral Orthodontics, PLLC		Case No.	
		Debtor(s)	Chapter	7
	VERIFICA	ATION OF CREDITOR 1	MATRIX	
	resident/Member of the corporation named to the best of my knowledge.	d as the debtor in this case, hereby ver	ify that the attach	hed list of creditors is true and
Date:	June 11, 2020	/s/ Andrew C. Lidral Andrew C. Lidral/President/Me Signer/Title	ember	

158 MARCELL LLC Case: 20-02045-jwb, Doc #:1 Filed: 06/11/2020 Page 103 of 112 GARTER C/O COLLIERS INTERNATIONAL 5900 O STREET 56 GRANDVILLE AVE SW 333 BRIDGE ST NW LINCOLN NE 68510 SUITE 100 **SUITE 1200 GRAND RAPIDS MI 49503** GRAND RAPIDS MI 49504 3M UNITEK ANDERSON, MICHAEL BEHRENWALD, CHRISTINE 14155 ALGOMA AVE 2724 SOUTH PECK RD 316 DAYLILY DR SAND LAKE MI 49343 MONROVIA CA 91016-5097 CEDAR SPRINGS MI 49319 ANDREW C. LIDRAL ADN BENCO PO BOX 610 6269 HAZELGREEN DR. N.E. 295 CENTER POINT BLVD SOUTHFIELD MI 48037-0610 ROCKFORD MI 49341-7797 PITTSTON PA 18640 ADOPTION SUBSIDY - MDHHS ANNESE, ALEXANDRA BESSER, DAN 3261 EASTERN NE PO BOX 30037 820 ROLLING CREEK LOWELL MI 49321 SUITE 412 **GRAND RAPIDS MI 49525** LANSING MI 48909 AETNA BANKS, RICHARD BHS INSURANCE 151 FARMINGTON AVE 5707 KIES 3055 44TH ST. SW HARTFORD CT 06156 ROCKFORD MI 49341 **GRANDVILLE MI 49418** ALCALA, SARA BARCUME, TROY BISHOP, ABIGAIL 12066 PINE COVE DR 923 BJORNSON ST. 985 E. BELTLINE AVE NE ROCKFORD MI 49341 BIG RAPIDS MI 49307 **GRAND RAPIDS MI 49525** ALLEN, LISA BAYINK, MICHELLE BISSELL, LAURIE 4651 HIDDEN HIGHLAND DR NE 9311 BAY HARBOR 7897 SILVER HILLS ROCKFORD MI 49341 ROCKFORD MI 49341 ROCKFORD MI 49341 ALVAREZ. LISA MARIE BC/BS OF MICHIGAN BLAKESLEE. RACHEL 6838 FOX MEADOWS NE 600 LAFAYETTE 8347 COWAN LK DR NE ROCKFORD MI 49341 **DETROIT MI 48226** ROCKFORD MI 49341 ALWAYS CARE BCBS ANTHEM BOOTH, BENJAMIN

8485 GOODWOOD BLVD
220 VIRGINIA AVENUE
BATON ROUGE LA 70806-7878
INDIANAPOLIS IN 46204
GRAND RAPIDS MI 49525

AMERICAN ORTHODONTICS BEDARD, SARAH BOSSCHER, ERICA 3524 WASHINGTON AVE 3963 DENALI DR 6215 KUTTSHILL SHEBOYGAN WI 53081 HUDSONVILLE MI 49426 ROCKFORD MI 49341

BOYD, JAMISON 3552 KESWICK BELMONT MI 49306 Case:20-02045-jwb $_{CARE}$ $\stackrel{Doc}{CREDIT}$ Filed: 06/11/2020

PO BOX 965068

ORLANDO FL 32896-5068

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6492 FOXTAIL MEADOWS ROCKFORD MI 49341

BRAY, CHARLES 9591 ARROWCREST 49341 ROCKFORD MI 49341 CARLSON, MICHAEL 6440 FOX RUN ROCKFORD MI 49341 CULVER, MELISSA 21423 KRISTEN BLVD PIERSON MI 49339

BREWER, AMANDA 12023 RUSSELL RIDGE CEDAR SPRINGS MI 49319

CASTILLO, JUDITH 6039 COAN RD SAND LAKE MI 49343 CUMMINGS, BRIAN 11700 CRYSTAL RIDGE DR SPARTA MI 49345

BRICKER, MEREDITH 6675 TWINS SPRINGS CT ROCKFORD MI 49341

CAVASIN, KELLY 7852 ELLA TERRACE DR NE ROCKFORD MI 49341 CURTIS D. RYPMA SCHENK BONCHER & RYPMA 601 THREE MILE ROAD NW GRAND RAPIDS MI 49544-1601

BRISTOL, KIMBERLY 4994 CASTLE HILL CT ROCKFORD MI 49341 CHARTER COMMUNICATIONS 400 ATLANTIC STREET STAMFORD CT 06901

DAHLQUIST, BRIAN 10434 SHANER AVE ROCKFORD MI 49341

BROWN, MICHELLE 6367 GRAN VIA DR. NE ROCKFORD MI 49341 CIGNA 900 COTTAGE GROVE ROAD BLOOMFIELD CT 06002 DANIEL R. KUBIAK MIKA MEYERS 900 MONROE AVE NW GRAND RAPIDS MI 49503

BURNS, JEFFREY 3493 KNOLLWOOD ROCKFORD MI 49341

CILEK, STEVE 8415 JE-NE-BE ROCKFORD MI 49341 DAVISON, NICHOLE 1230 BUTH DR NE COMSTOCK PARK MI 49321

CAMPBELL, JEFFREY 6081 BRIANNA WAY HOWARD CITY MI 49329

CONE, SHANNON 15750 KELLER AVE SAND LAKE MI 49343 DAWSON, BETH 7221 LOMA LINDA CT NE ROCKFORD MI 49341

CAPITAL GROUP AMERICAN FUNDS PO BOX 6007 INDIANAPOLIS IN 46206-6007 COWIN, MICHAEL 7880 PETERSON ROCKFORD MI 49341 DEBRUINE, RANDALL 2999 COOKS CREEK DR NE GRAND RAPIDS MI 49525

CAPITAL ONE ATTN: GENERAL CORRESPONDENCE PO BOX 30285 SALT LAKE CITY UT 84130-0287 CRATER, TRICIA 2041 WEST 120TH ST GRANT MI 49327 DEKRAKER, DIANE 10593 EDGERTON AVE NE ROCKFORD MI 49341 DELTA DENTAL OF MICHIGAN DOC, #:1 Filed: 06/11/2020
4100 OKEMOS RD 6089 EGYPT FORREST
OKEMOS MI 48864 ROCKFORD MI 49341

Page 105 of 112 FERWERDA, HOLLY 5376 HARVEST MOON CT BELMONT MI 49306

DELTA DENTAL OF OH PO BOX 9089 FARMINGTON MI 48333-9089 DREHS, ROGER 3295 PARK RIDGE LANE NE GRAND RAPIDS MI 49525 FIFIELD, JACKIE 333 LANTERN DR NW COMSTOCK PARK MI 49321

DELTA DENTAL OF WISCONSIN PO BOX 828 STEVENS POINT WI 54481 DUVALL, PATRICK 6845 WOODHILLS DR ROCKFORD MI 49341

FISK, FELICIA 640 22 MILE RD NE SAND LAKE MI 49343

DELTA OF CA :FEDERAL SERVICES PO BOX 537007 SACRAMENTO CA 95853-7007 DYGA, NICHOLAS 1237 COLORADO AVE SE GRAND RAPIDS MI 49506

FLEET, SUE 7612 20 MILE RD SAND LAKE MI 49343

DELTA:III 111 SHUMAN BOULEVARD NAPERVILLE IL 60563 EARNEST, SARAH 11726 ECHO RIDGE DR SPARTA MI 49345 FOR NOTICE PURPOSES 618 KENMOOR AVE SE SUITE 200

GRAND RAPIDS MI 49546

DELVESCOVO, CHRISTINA 555 7TH ST NW APT 407C GRAND RAPIDS MI 49504 EDGEINGTON (ELLISON), MIRANDA 9584 FLETCHER ROAD GREENVILLE MI 48838 FOUNTAIN, MARY 440 SUMMIT AVE ROCKFORD MI 49341

DEMAN, CHRISTY 9444 COURTLAND ROCKFORD MI 49341

EUDY, TERRI 8009 COURTLAND DR NE ROCKFORD MI 49341 FRANKENMUTH INSURANCE ONE MUTUAL AVE FRANKENMUTH MI 48787-0001

DENARDO, COLLEEN 7167 TRAMORE CT NE BELMONT MI 49306 EVANS, LAWRENCE 8914 HOWARD CITY EDMORE RD LAKEVIEW MI 48850 FRANZ, ALEXANDER 10870 GREEN TIMBERS ST. GREENVILLE MI 48838

DERBY, JESSICA 4111 ARTHUR ST. E COOPERSVILLE MI 49404 FALATIC, NICOLE 153 GLANE EAGLE ROCKFORD MI 49341 FRIES, PETER 7363 96TH STREET HOWARD CITY MI 49329

DIKEMAN, ANDREW 8755 CAMELOT ROCKFORD MI 49341 FELDKAMP, JAMES 9429 STONE VIEW DR NE ROCKFORD MI 49341

GALE, JAY 17055 UNCLE WILLIE CEDAR SPRINGS MI 49319

Case:20-02045-jwb_{HAMMER}:1_{BII}Filed: 06/11/2020 GILDING, SARA 6936 MYERS VIEW COURT ROCKFORD MI 49341

17575 MCPHAIL CEDAR SPRINGS MI 49319 Page 106 of 112 CAPITAL CORPORATIO 1 PASSAIC AVENUE FAIRFIELD NJ 07004

GILL, NIC 600 10 MILE RD COMSTOCK PARK MI 49321 HANES, JOSHUA 4926 15 MILE RD NE CEDAR SPRINGS MI 49319 HILL, CARRIE 4669 WOODVALLEY CT NE ROCKFORD MI 49341

GLOVER, SUE & GREG 236 ARBOR DR ROCKFORD MI 49341

HANSON, JOHN 3369 BLUE WATER PINE DR NE GRAND RAPIDS MI 49535

HILL, WILLIAM 4669 WOODVALLEY CT NE ROCKFORD MI 49341

GORNEY, JOE 8700 PLEASANT MEADOWS ROCKFORD MI 49341

HARKNESS, KIMBERLY 8924 LOVELESS DR. ROCKFORD MI 49341

HIMMELSPACH, JAKE 316 SUMMITT AVE ROCKFORD MI 49341

GRANT, EDWARD 9230 MARABELLA DR NE ROCKFORD MI 49341

HELTON, TREVERLYN 10445 WALANDER NE CEDAR SPRINGS MI 49319

HUFFMAN, ANDY 1658 N BAY DR **HUDSONVILLE MI 49426**

GRICE, ELIZABETH 2898 INDIAN LAKES RD CEDAR SPRINGS MI 49319 HENDEE, HEATHER 4415 21 MILE RD SAND LAKE MI 49343 HULL, BRIAN 2244 BROKEN ARROW ST CEDAR SPRINGS MI 49319

GRINNELL, DENISE 7020 FOX MEADOW DR NE ROCKFORD MI 49341

HENDGES, RICK 23075 KENEAVILLE RD PIERSON MI 49339

HULLIBERGER, REBA 11871 NEW COSTA SAND LAKE MI 49343

GROUP MARKETING SERVICES PO BOX 19040 KALAMAZOO MI 49019-0040

HENRY SCHEIN 135 DURYEA ROAD MELVILLE NY 11747

INDEPENDENT BANK 230 W MAIN ST **IONIA MI 48846**

GROVE, TROY AND SARAH 602 SILVER BIRCH **HOWARD CITY MI 49329**

HERRINGTON, ANGELA 5115 SHINNECOK HILLS DR NW COMSTOCK PARK MI 49321

INSIGHT BENEFITS ADMINISTRAT 660 ADA DR SE ADA MI 49301

HALLMAN, MICHELLE 9544 128TH ST SAND LAKE MI 49343

HESS, JENNA 6727 WILDWOOD LANE CEDAR SPRINGS MI 49319 INVISALIGN ALIGN TECHNOLOGY INC 2820 ORCHARD PARKWAY SAN JOSE CA 95134

JACOBSON, CHARLES Case: 20-02045-jwb, Doc #:1 Filed: 06/11/2020 Page 107 of 112 LEASHER, LARRY 6700 PLEASANT VIEW ST NE 7877 SQUIRES CT. NE ROCKFORD MI 49341 ROCKFORD MI 49341

5881 13 MILE ROAD ROCKFORD MI 49341

JAKIEMIEC, JIM 7170 CONCOLOR DRIVE ROCKFORD MI 49341

KENDALL, MATTHEW 16276 NORTHLAND DR SAND LAKE MI 49343

LEBLANC, KERRIE 135 KARA CT **ROCKFORD MI 49341**

JANSSENS, KYLE 5270 SURF DR ROCKFORD MI 49341

KHAN, JEAUL 1135 CARRIER CREEK BLVD NE GRAND RAPIDS MI 49504

LEFFERTS, RANDY 153 WAXWING CT CEDAR SPRINGS MI 49319

JOHNSON, JANA 11841 SUMMIT NE ROCKFORD MI 49341

KNAPP, PHIL 2583 13 MILE ROAD ROCKFORD MI 49341 LEWIS, MISPAR 3127 ROYAL HANNA DR NE ROCKFORD MI 49341

JOHNSON, JASMIN 304 LEWIS ROCKFORD MI 49341 KNOWLES, KATHRYN 3590 JACOBS CORNER ROCKFORD MI 49341

LEWIS, RICHARD 9423 EAST 56TH ST NEWAYGO MI 49337

JOHNSTON, ASHLEY 1114 GRISWOLD ST SE GRAND RAPIDS MI 49507 KRAMER, AMY 7395 10 MILE RD ROCKFORD MI 49341 ANDREW C. LIDRAL 6269 HAZELGREEN DR. N.E. ROCKFORD MI 49341-7797

JONES, AMANDA 7978 SEQUOYA TRAIL HOWARD CITY MI 49329 KRUEGER, CAROLYN 10115 SEVEN MILE RD ROCKFORD MI 49341

BETTY LIDRAL 215 DAHL ST RHINELANDER WI 54501

KARAS. APRIL 8276 TARTAN WAY NE ROCKFORD MI 49341

KUZMA. MATTHEW 4668 HIDDEN HIGHLAND DR ROCKFORD MI 49341

MONICA LIDRAL 29W175 OAK GROVE AVE WEST CHICAGO IL 60185

KARULF, MATTHEW 2510 SHEARS CROSSINGS CT NE GRAND RAPIDS MI 49525

LAMOREAUX, MERANDA 12334 PLANTATION CT BELDING MI 48809

LINEBAUGH, JEREMY 9804 COYOTE TRAIL DR BELDING MI 48809

KASPER, MARY RUTH 6745 FOX RUN ROCKFORD MI 49341

LANDIS, KATE 612 HIGHLANDER DR ROCKFORD MI 49341

LITZAN, STEVE 2259 TRADITION NE **GRAND RAPIDS MI 49505** LIU, JAYNA
Case:20-02045-jwb Doc #:1 Filed: 06/11/2020
4100 CANNON HILLS CT
ADA MI 49301

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HARRISON CT
LANSING MI 48917

MCCRUMB, MADISON Page 108 of 112 MCCRUMB, MADISON Page 108 of 112 MEUMANN, TIM 6850 PENINSULA CT LANSING MI 48917 ROCKFORD MI 49341

LUMLEY, SAMATHA MCINNIS, LORI 9615 10 MILE RD 1770 15 MILE RD ROCKFORD MI 49341 SPARTA MI 49345

ORI NEWELL, NANCY
LE RD 14811 MANN RD
HICKORY CORNERS MI 49060

MACLACHLAN, DUNCAN
6914 VERDE VISTA DR
7
ROCKFORD MI 49341
B

MCKEE, SANDRA 7166 LARNED BELDING MI 48809

NOWAK, ANGELENE 7564 LAS PALMAS ROCKFORD MI 49341

MALEK, VANESSA 6510 EGYPT VALLEY ROCKFORD MI 49341 MCWILLIAMS, MICHAEL 82 W PROSPECT ST ROCKFORD MI 49341 NOWAK, BETHANY 7259 OLD HICKORY BELMONT MI 49306

OFFICITE

MANGIONE, GREGORY 7205 ROLLING HIGHLAND CT NE BELMONT MI 49306 MELENDEZ, MELISSA 9530 SUMMIT AVE ROCKFORD MI 49341

3010 HIGHLAND PARKWAY SUITE 200

DOWNERS GROVE IL 60515

MARCERO, TRACI 273 WEST DIVISON NE ROCKFORD MI 49341 METLIFE 200 PARK AVENUE NEW YORK NY 10166 OKOROAFO-MOLLO, CYMONE 8365 RAMSDALE DR ROCKFORD MI 49341

MARSHAL, ANGIE 12135 RITCHIE CEDAR SPRINGS MI 49319 MOONEY, MICHELLE 7717 95TH AVE EVART MI 49631 OPEN EDGE 2578 W 600 N LINDON UT 84042

MARTIN, KRISTA 10439 HOLLAND LAKE RD GREENVILLE MI 48838 MURRAY, MOLLY 10926 WELLINGTON DR NE ROCKFORD MI 49341 ORCHARD, LISA 11223 BECKER CREEK CT ROCKFORD MI 49341

MAY, SUZANNE 324 CREEKSIDE DR COOPERSVILLE MI 49404 NAGEL, BETH 9299 PHEASANT TRAIL NE ROCKFORD MI 49341 OREN, SARA 7800 9 MILE RD ROCKFORD MI 49341

MCCRUMB JR., THOMAS 313 #7 CLARK ST. LAKEVIEW MI 48850 NELSON, PETER 868 PARKWAY DR NE GRAND RAPIDS MI 49525 OSTOIN, LINDA 6597 FOXTAIL MEADOWS DR NE ROCKFORD MI 49341 PATIN, APRIL Case:20-02045-jwb_Doc_#:1_Filed: 06/11/2020 5322 GROSVENOR 6573 11 MILE RD

ROCKFORD MI 49341

Page 109 of 112 RICE, DEBRA 11770 20 MILE ROAD CEDAR SPRINGS MI 49319

PATIN, NICHOLAS & REBECCA 7038 SHALIMAR DR

COMSTOCK PARK MI 49321

SAND LAKE MI 49343

POLLARD, AMANDA 13089 CYPRESS AVE SAND LAKE MI 49343 ROBERTS, ANDREA 12388 ROOKSBY ST SAND LAKE MI 49343

PAULEN, ANDREW 20526 W. KENDAVILLE PIERSON MI 49339 PORTER, CATHLEEN 1137 FULLER SE GRAND RAPIDS MI 49506 ROBINS, STACIE
3255 BENNINGTON DR
CEDAR SPRINGS MI 49319

PEARCY, SHELLY 11315 GREENWICH DR NE SPARTA MI 49345 PRINCE, MELISSA 6577 LAGUNA VISTA ROCKFORD MI 49341 ROSS-FOLEY, KELLY 3255 BENNINGTON DR CEDAR SPRINGS MI 49319

PECK, TARA 3030 12 MILE RD NE ROCKFORD MI 49341 PRINCE, SAMUEL 8449 ROLLINGS AVE NE ROCKFORD MI 49341 ROYSTON, JACALYN 5679 RITCHIE RUN CEDAR SPRINGS MI 49319

PERRY, AMBER 6055 MEADOWLARK ST ROCKFORD MI 49341 RADEBACH, BROOKE 16710 ANTLER DR CEDAR SPRINGS MI 49319 SAETRE, ALLISON 6742 PLEASANT VIEW ST NE ROCKFORD MI 49341

PHILLIPS, CATHIE 301 NORWOOD ST ROCKFORD MI 49341 RAU, RICK & AMY 17600 SIMMONS AVE CEDAR SPRINGS MI 49319 SAHAGUN, MELANIE 9901 WOLVEN AVE ROCKFORD MI 49341

PIENTA, CATHERINE 11701 RIDGE WATER DR SPARTA MI 49345 REAMSMA, ALICE 285 CHASSERAL CT NW COMSTOCK PARK MI 49321 SARBER, ERIN 5139 GLEN OAKS DR NE ROCKFORD MI 49341

PIENTA, DEANA 3055 VALLEYVIEW ROCKFORD MI 49341 REASON, MICHELLE 215 PAIRIE RUN CEDAR SPRINGS MI 49319 SCHIPPERS, AMBER 9043 PINE ISLAND DR COMSTOCK PARK MI 49321

PLUMMER, JULIE 410 TALLGRASS DR CEDAR SPRINGS MI 49319 REMELTS, TIFFANY 530 BIRCH RUN ST HOWARD CITY MI 49329 SCHWALM, BRIAN 12300 MYERS LK AVE CEDAR SPRINGS MI 49319 SEAUVAGEAU, TERESA Case: 20-02045-jwb, Doc #:1 Filed: 06/11/2020 Page 110 of 112 Filed: 06/11/2020 Page 110 of 112 4512 SUMMIT FOREST DR ROCKFORD MI 49341

6782 NORMAN FARMS NE 246 PALMER ST NE ROCKFORD MI 49341 **GRAND RAPIDS MI 49505**

SEYMOUR, KATHERINE 527 WEST RANDALL ST APT F COOPERSVILLE MI 49404

SREMBA, SARA 6868 KITSON ROCKFORD MI 49341 TERRIEN, BRIAN 2156 AVALON VIEW CEDAR SPRINGS MI 49319

SHANTZ, BREN 4919 BROWNSTONE ROCKFORD MI 49341 STAFFEN, MATTHEW 22800 TAMERACK VIEW HOWARD CITY MI 49329

THOMAS, JAMES 8250 HAVENMEIER WAY NE ROCKFORD MI 49341

SHEARER, ELIZABETH 1917 EMERALD ST NE **GRAND RAPIDS MI 49509** STEVENSON, SARAH 2346 WINSTON VIEW NE CEDAR SPRINGS MI 49319

THOMPSON, VINCE 15411 CEDAR LEAF CT CEDAR SPRINGS MI 49319

SIKORSKI, ALLISON 16333 WILDWOOD VALLEY NE CEDAR SPRINGS MI 49319

STONER, KEVIN 20407 W TUFANT RD PIERSON MI 49339

TINNEY, SHAUNA 5493 SETTLERS GROVE RD NE BELMONT MI 49306

SIMPSON, BRENDA 5971 PINE CT **GREENVILLE MI 48838** SUESS, DOUG 2823 LEELANAU NE GRAND RAPIDS MI 49525 TYLER, AMITY 8547 MEADOWROCK ROCKFORD MI 49341

SIMS, AARON 315 CONGRESS ST. BELDING MI 48809

SULLIVAN, JAMES 9580 ARROWCREST DR NE ROCKFORD MI 49341

TYNDALL, GEROGE 177 CAHILL DR **ROCKFORD MI 49341**

SMITH, JACQUELINE 5124 SURF ROCKFORD MI 49341

SWARTZLANDER. EMILY 7825 CANNONSBURG ROAD ROCKFORD MI 49341

ULLERY, BRANDY 3907 FRASER NE **ROCKFORD MI 49341**

SMITH, PATRICIA 5936 ALCOVE DR BELMONT MI 49306 TEAMCARE 8647 W. HIGGINS ROAD CHICAGO IL 60631

UNGER, DENNY 4138 PETER CREEK NE ROCKFORD MI 49341

SPENCER, LINDSEY 12335 STAFFORD RAVENNA MI 49341

TEIS, ROBERT 5454 KEIS ROCKFORD MI 49341

UNITED BANK 900 EAST PARIS AVENUE SE **GRAND RAPIDS MI 49546**

UNUM & STARMOUNT LIFE INS CO-JWb VAWTER, GEMMA: 06/11/2020 STARMOUNT BUILDING 8485 GOODWOOD BLVD BATON ROUGE LA 70898-9100

50 CLEARVIEW CROSSING SPARTA MI 49345

Page 111 of 112 MHEELER, AMANDA 5575 5 MILE RD NE BELMONT MI 49306

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VERVILLE, JESSIE 7970 BELDING RD ROCKFORD MI 49341

WINKELS, SHELLY 7293 ORLIN CT NE **ROCKFORD MI 49341**

US SMALL BUSINESS ADMIN (SBA) MICHIGAN DISTRICT OFFICE 477 MICHIGAN AVENUE SUITE 515, MCNAMARA BLDG DETROIT MI 48226

VINCENT, SARAH 366 ALDOPH **ROCKFORD MI 49341** ZELIS PAYMENTS 18167 US HIGHWAY 19 NORTH SUITE 515 CLEARWATER FL 33764

VANDENBERG, JOHN 9319 MARABELLA ROCKFORD MI 49341

VINING, KAYLA 3622 BLUE JAY DR **GREENVILLE MI 48838** ZENKER, HEATHER 1266 DAIRY LANE CEDAR SPRINGS MI 49319

VANDERKOOI, ANDREW 10529 HARVARD AVE ROCKFORD MI 49341

WAGEN, CAREY 7306 COURTLAND DR NE ROCKFORD MI 49341

ZILLMER, LINSEY 2826 SUNSET RIDGE CT ROCKFORD MI 49341

VANDYKE, KATIE 11882 MYERS LAKE AVE NE CEDAR SPRINGS MI 49319

WAGEN, CAROL 175 S MONROE ROCKFORD MI 49341

VANECK, DENISE 8349 CHILDSDALE ROCKFORD MI 49341

WAGNER, AMBER 8449 ROLLINGS AVE NE ROCKFORD MI 49341

VANMAANEN. JENNIFER 442 SHAW ESTATES DR ROCKFORD MI 49341

WALTERS. MATTHEW 3590 JACOBS CORNER ROCKFORD MI 49341

VANOEFFELEN, BRITTANY 1060 WOODROW NW **GRAND RAPIDS MI 49504**

WASHINGTON, EDWIN 935 BARAGA **GRAND RAPIDS MI 49503**

VARIPRO 5300 PATTERSON AVE SW SUITE 150 **GRAND RAPIDS MI 49512**

WELCH JR , RICHARD 7035 BREWER AVE NE ROCKFORD MI 49341

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08/17

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF MICHIGAN

		WESTER	IN DISTRICT OF MICHIGA	11				
In re:			Case No.					
	Lidral Orthodontics, PLLC		Chapter 7					
	Debtor(s	s).	1					
	ASSET PROTECTION REPORT							
	Pursuant to Local Bankruptcy Rule 1007-2(d), debtors filing a Chapter 7 petition and debtors in a case converting to Chapter 7 must file an Asset Protection Report. List below any property referenced on Schedule D (Creditors Holding Secured Claims); or Schedule G (Executory Contracts and Unexpired Leases); and any insurable asset in which there is nonexempt equity. For each asset listed, provide the following information regarding property damage or casualty insurance:							
	INSURABLE ASSET (from schedules)	IS ASSET INSURED? (Yes/No)	NAME & ADDRESS OF AGENT OR INSURANCE CO.	POLICY EXPIRATION DATE (MM/YYYY)	WILL DEBTOR RENEW INSURANCE ON EXPIRATION? (Yes/No)			
MARCE OF A B LOCAT	ERCIAL LEASE WITH 158 ELL, LLC ON THE EAST HALF UILDING (SUITE NO. 1) ED AT 158 MARCELL NE, FORD, MI 49341	Yes	Aspen American Insurance Company Nat'l Administrator: B & B Protector Plans Inc. P.O. Box 173569 Tampa, FL 33672-3569 State Administrator: MDA Insurance 3657 Okemos Road, Suite 100 Okemos, MI 48864-3927	05/2021	Yes			
ALL BU	JSINESS RELATED	Yes	Same as listed above.	05/2021	Yes			
	If the debtor is self-employed Yes No No I	erjury, that the le insurance prequest that t	ebtor have general liability insur e above information is true and protection for any exemptible in the trustee not expend estate fu	accurate to the bes terests in real or pe nds to procure insu	t of my rsonal			
Dated:	June 11, 2020		/s/ Andrew C. Lidr	al				

Pursuant to LBR 1007-2(f), debtor is required to provide the trustee with a copy of the Declarations Page for any insurance policy covering an insurable asset at least 7 days before the date first set for the meeting of creditors.

Andrew C. Lidral

Debtor